It is our greatest joy to welcome you to Bucharest for the 37th annual meeting of the European Society of Ophthalmic Plastic and Reconstructive Surgery.

We are very fortunate this year to have 5 World-renowned keynote speakers and 58 esteemed faculty from 3 different continents. We also have a well-balanced esthetic and reconstructive program covering most topics encountered in today’s academic or private oculoplastic practice. Our Advanced Pre-meeting Course is designed to teach innovative esthetic and reconstructive techniques that will be useful to both our younger and more senior oculoplastic colleagues.

The venue is situated in the historic downtown of Bucharest, within walking distance from most sightseeing, cultural and nightlife attractions. The Welcome Reception will take place at the ARCUB center situated in the heart of the bustling Old Town. The Gala Dinner this year will be “A Night at the Palace” and will be hosted in the Palace of Parliament (the famous People’s House).

Bucharest is not far away from many famous castles and medieval towns such as the Dracula and Peles Castles and the towns of Brasov, Sibiu, Sighisoara and Cluj. We offer guided pre and post-meeting tours to most of these attractions.

We are not only very excited but also committed to making your stay in Romania both scientifically productive and culturally enriching. We simply want you to have a blast!

LOCAL ORGANIZERS

Dan Georgescu, MD, PhD
Daniela Cioplean, MD

www.esoprs2018.ro
Meeting Objectives

• To provide the venue for the presentation of new data, techniques and concepts in the field of reconstructive and cosmetic oculofacial plastic surgery in order to increase knowledge and competence. Our goal is to promote excellence in patient care and improve outcomes in all area of oculofacial plastic, orbital and lacrimal surgery.
• To present those areas in oculofacial plastic surgery where clinical and basic science research have led to substantial advancements and to highlight areas where further research is desirable.
• To provide the venue where colleagues from around the World can meet and directly exchange knowledge and share their experiences with the latest techniques and devices used to treat orbital, lacrimal and oculofacial conditions.
• To further our knowledge, improve skills and enhance results in the field of cosmetic oculofacial plastic surgery.

Target Audience

The ESOPRS Annual Meeting welcomes all interested physicians such as oculoplastic surgeons, oculofacial plastic surgeons, general ophthalmologists, dermatologists, otolaryngologists, facial plastic surgeons and oromaxillofacial surgeons, whether they are already practicing or in training.

Photography and Social Media Policy

The European Society of Ophthalmic Plastic and Reconstructive Surgery would like to advise all participants to the 37th Annual Meeting to abide by the following rules concerning photography and social media:
• Non-flash photography is allowed for personal use.
• Photography taking must be done in a non-disruptive manner to the rest of the audience.
• Sharing of any identifiable photographic information on social media and videotaping are strictly prohibited.
• Respect presenters who do not wish their slides or content be photographed or shared on social media.

Liability Disclaimer

In the event of industrial disruption or other unforeseen circumstances, the event Organizers accept no responsibility for loss of money incurred by delegates. The Organizers accept no liability for injuries/losses of whatever nature incurred by participants and/or accompanying persons, nor for loss or damage to their luggage and/or personal belongings. Delegates should make their own arrangements with respect to personal insurance.

Travel and Program Disclaimers

In the event of any travel disruptions, the Organizers will not be held responsible for any losses incurred by delegates at or en route to or from the event. The program is correct at the time of publishing, but the Organizers reserve the right to alter the program as necessary.

CME Credits

The 37th Annual Meeting the European Society of Ophthalmic Plastic and Reconstructive Surgery, Bucharest, Romania, 13/09/2018 - 15/09/2018 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 19 European CME credits (ECMEC®s). Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org
Radisson Blu Hotel
Calea Victoriei 63-81, Bucharest

1 Registration
2 Plenary Hall (Atlas Room)
3 Exhibitors
   3.A. FCI
   3.B. Karl Storz
   3.C. SIFI
4 E-Posters
5 Videos
6 Speaker’s Ready Room (Sterope Room)
7 YESOPRS Lunch / Committee Meeting (Merope Room)
8 Secretariat (Electra 1 Room)
SOCIAL EVENT VENUES

**WELCOME COCKTAIL**
September 13, 2018 19:00-21:00 hrs

ARCUB
Cultural Centre
Str. Lipscani 84 - 90

**GALA DINNER**
September 14, 2018 20:00-24:00 hrs

Palace of the Parliament
Str. Izvor 2 - 4
FACULTY

SCIENTIFIC COMMITTEE
Daniela Cioplean
Dan Georgescu
Ramón Medel
Dion Paridaens
Ulrich Schaudig
Vladimir Thaller

KEYNOTE SPEAKERS
Richard Anderson (Salt Lake City, United States)
Jonathan Hoenig (Los Angeles, United States)
Dion Paridaens (Rotterdam, Netherlands)
Patrick Tonnard (Ghent, Belgium)
Hunter Kwok-Lai Yuen (Hong Kong)

MUSTARDE LECTURER
Michele Beaconsfield (London, United Kingdom)

PRE-MEETING COURSE SPEAKERS
Chris Alabiad (Miami, United States)
Bijan Beigi (Norwich, United Kingdom)
Francesco Pietro Bernardini (Genova, Italy)
Elin Bohman (Stockholm, Sweden)
Altug Cetinkaya (Ankara, Turkey)
George C. Charonis (Athens, Greece)
Philip Custer (St Louis, United States)
Daniel Ezra (London, United Kingdom)
Tamara Fountain (Chicago, United States)
Suzanne K. Freitag (Boston, United States)
Olivier Galatoire (Paris, France)
Miguel Gonzalez-Candial (Barcelona, Spain)
Christoph Hintschich (Munich, Germany)
David Jordan (Ottawa, Canada)
Matthew Kay (Miami, United States)
Pierre Keller (Paris, France)
Ioannis Mavrikakis (Athens, Greece)
Ramón Medel (Barcelona, Spain)
Alessandra Modugno (Rome, Italy)
Jean-Marie Piaton (Enghien, France)
Geoffrey Rose (London, United Kingdom)
Marco Sales-Sanz (Madrid, Spain)
Ulrich Schaudig (Hamburg, Germany)
Pari N. Shams (London, United Kingdom)
Bazil Stoica (Madrid, Spain)
Diego Strianese (Riyadh, Saudi Arabia)
Dario Surace (Mestre, Italy)
Sara Wester (Miami, United States)
Vivian T. Yin (New York, United States)

2018 MUSTARDE LECTURE

The Mustardé lecture is an invited lecture in the honor of Dr. Jack Mustardé, the first president of the ESOPRS. A new speaker is selected each year by the ESOPRS committee. The invited speaker is both an ESOPRS member and a leader in our field.

Michele Beaconsfield, MD
(London, United Kingdom)

Saturday, September 15, 2018 12:40 PM
Cellular Mechanisms of Targeted Cancer Therapy: Present and Future

Consultant Ophthalmic & Oculoplastic Surgeon for over 25 years (already!) with particular expertise in surgical rehabilitation (ocular cicatrical disease, thyroid ophthalmopathy, tumor defect reconstruction). Spearheaded 10 years ago the specialized Lid Oncology Service at Moorfields, which runs with consultants (including Mohs), a dedicated Fellow and Cancer Nurse Specialist, and linked to a multidisciplinary team of pathologists, radiologists, oncologists and radiotherapists. Educational supervisor and Trainee Mentor. Founding member of BOPSS (British Oculoplastic Surgeons Society), examiner for the European Board of Ophthalmology and Royal College of Ophthalmologists. Past President of the UEMS Ophthalmology Section (union européenne de médecins spécialistes) and past Treasurer of ESOPRS.
Richard Anderson, MD, FACS (Salt Lake City, United States)

Friday, September 14, 2018 2:00 PM

Tips Learned in 40 Years of Oculoplastic Practice

Dr. Anderson is an award-winning internationally renowned eyelid and facial plastic surgeon. He was honored with the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) Outstanding Contributions Award.

Dr. Anderson is a world-renowned author and speaker. He has published over 300 scientific journal articles, over 100 book chapters, and 3 books on eyelid, orbital and facial plastic and cosmetic surgery. He has delivered over 1,000 papers at scientific meetings. He is the founder of many modern day techniques in cosmetic and reconstructive surgery of the eyelids and face. He has performed surgery on many dignitaries including Kings and Princes around the world.

He has been an Editorial Board member of 11 journals in the field, including Archives of Facial Plastic Surgery, Archives of Ophthalmology and Ophthalmic Plastic and Reconstructive Surgery. He was one of the original Botox investigators with over 30 years of experience and a Board member for the Benign Essential Blepharospasm Foundation and Orbital Society.

Jonathan Hoenig, MD (Los Angeles, United States)

Friday, September 14, 2018 3:20 PM

Heading South: Rejuvenation of the Lower Face and Neck

Dr. Hoenig limits his practice to plastic surgery of the face, eyes, and neck, having performed close to 20,000 thousand procedures over the past 15 years on the face alone. He is one of the few cosmetic surgeons who is a member of the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) and the American Board of Ophthalmology, as well as a diplomat of the American Board of Cosmetic Surgery.

Training

Dr. Hoenig's completed four separate fellowships in his quest to master the art of facial plastic and reconstructive surgery. He first focused on oculoplastic surgery at New England Medical Center in Boston Massachusetts. He then pursued further training through a second fellowship in oculo-facial cosmetic surgery at the Jules Stein Eye Institute. Dr. Hoenig then completed a third fellowship in full body Cosmetic Surgery, mastering the techniques of Facial Plastic Surgery, liposuction, fat transfer, laser skin resurfacing, chemical peels as well as other cosmetic procedures of the body. In addition, Dr Hoenig completed a Mohs fellowship for skin cancer excision and reconstruction. To date he has performed over 25,000 Moh's excision and Reconstructive cases.

Teaching

Dr. Hoenig has authored numerous scientific papers and medical textbook chapters, and is a regular lecturer at the annual meetings of the American Academy of Ophthalmology, the UCLA Jules Stein Eye Institute, and the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). He is frequently requested to present his techniques and methodologies at meetings of general plastic, facial plastic, and oculoplastic surgeons alike. He is the past Director of the Oculofacial Plastic Surgery at the Albert Einstein College of Medicine. He is currently an ASOPRS Fellowship Director in Oculofacial Plastic Surgery in Beverly Hills and UCLA Medical Center in Los Angeles California.
KEYNOTE SPEAKERS

Dion Paridaens, MD (Rotterdam, The Netherlands)

Friday, September 14, 2018 10:10 AM
**New Options in the Medical Treatment of Thyroid Eye Disease: Is there a Role for Nanotechnology**

Following his medical training in the University of Utrecht, Dion Paridaens performed a two-year oncology fellowship in Moorfields Eye Hospital and the Institute of Ophthalmology, London. He later completed his Ph.D. thesis on periocular melanoma in 1993 and was awarded the FC Donders Prize in 1995 for his scientific contributions. Since 1996 he has worked as a consultant surgeon in the Oculoplastic & Orbital Service of the Rotterdam Eye Hospital, The Netherlands, a high-volume tertiary care institution.

In 1997 he was a visiting orbital fellow in Vancouver, British Columbia. He has been a honorary Consultant to the Erasmus Medical Center Rotterdam and was a part-time Professor at the Hopitaux Universitaires de Geneve, Switzerland between 2011 and 2016. Dr. Paridaens has been an invited lecturer and guest surgeon in various countries and has published over 170 publications, several book chapters and educational DVDs and iPhone application on oculoplastic surgery and orbital decompression.

His research focuses on periocular and intraocular tumors, eyelid- & lacrimal surgery and Graves Orbitopathy and has supervised several PhD students. He has been the clinical director of the oculoplastic fellowship in the Rotterdam Eye Hospital since 1991 and has trained 1-2 fellows per year since then.

Between 1997 and May 2010 he was Editor-in-Chief of the international Journal ORBIT. He is a regular reviewer for several scientific journals. Since 2012 he has been on the Committee of the European Society of Ophthalmic Plastic & Reconstructive Surgery (ESOPRS). Since 2014 he has served as the Secretary of ESOPRS. He is a founding member of the Dutch Orbital Society and of the Rotterdam Thyroid Center. He has served as a medical advisor for several patient organisations in the Netherlands. Dion Paridaens is married and is the proud father of three teenagers.

Patrick Tonnard, MD (Ghent, Belgium)

Saturday, September 15, 2018 10:30 AM
**Augmentation Blepharoplasty: A Review of 500 Consecutive Patients**

Dr. Patrick L. Tonnard graduated in medicine from Ghent University in 1987. He spent three years as an assistant surgeon to Professor Derom at Ghent University Hospital and was then appointed as an assistant in plastic surgery at the Hôpital du Tondu in Bordeaux, France. From 1990 to 1993 he worked as a plastic surgeon alongside Professor Matton at Ghent University Hospital. He then spent six months as an assistant to Dr. Ortiz-Monasterio in Mexico City. He eventually set up his practice in Ghent.

Since 1994 Dr. Tonnard is consultant plastic surgeon at the General Hospital St-Lucas in Gent, assistant clinical professor at the University Hospital of Gent, founder of the Coupure Centre for Plastic Surgery in 1996 and the Medical Centre ’t Zwin in Oostburg (Netherlands) in 2005. In 2007 he raised together with his associate Dr. Alexis Verpaele the Esthetic Medical Centre 2 (E:MC²), a private surgical centre for esthetic surgery in St-Martens-Latem.

Dr. Tonnard is a member of the Royal Belgian Society for Surgery, the Belgian and Dutch Association for Plastic, Reconstructive and Aesthetic Surgery, the ISAPS (International Society of Aesthetic Plastic Surgeons) and the ASAPS (American Society
Dr. Tonnard is also the author of approximately fifty scientific publications, has presented over two hundred scientific papers at national and international conferences, and made numerous contributions to scientific articles and books. He is much in demand as a speaker and moderator at international conferences and is an authority on surgical rejuvenation of the face. Together with Dr. Verpaele he developed the revolutionary MACS lift, a minimally invasive facelift technique that aims to produce the best and most natural result with rapid recovery and minimal complications. This achievement has earned him and Dr. Verpaele an international reputation. In 2004 and 2007 they contributed two scientific chapters about this surgical technique, written for plastic surgeons all over the world: The MACS-lift Short Scar Rhytidectomy, 2004, St Louis; and Short Scar Face-lifting, Operative Strategies and Techniques, 2007, St Louis.

Dr. Tonnard has also written for a less specialized public: he contributed to the book Van top tot teen - alles over plastische chirurgie [From top to toe - all about plastic surgery] by Hubert Tygat and in 2000 he published Schone Schijn. Een wegwijzer in de plastische chirurgie [Looking Beautiful. A guide to plastic surgery] which he wrote with the journalist Laurens de Keyser.

Dr. Tonnard and Dr. Verpaele set up ‘See and Smile’ in 2006. This is an association of Flemish plastic surgeons and ophthalmologists who travel to developing countries at regular intervals to perform operations. They carry out basic plastic surgery procedures (especially treatment for hare lip and cleft palate) and eye treatments (especially for cataracts).
## 37TH ESOPRS ANNUAL MEETING 2018

### PROGRAM

#### 7:00 - 8:15
REGISTRATION OPENS

#### 8:25 - 8:30
WELCOME & OPENING REMARKS

#### 8:30 - 10:30
**EYELIDS SESSION**

**Moderators:** Horatiu Manole, MD & Geoffrey Rose, MD

- **8:30**
  - Müller-Muscle Conjunctival Resection (MMCR): Algorithm Dilemmas and Lessons Learned from Phenylephrine Testing - Altug Cetinkaya, MD

- **8:45**
  - Minimally Invasive or Classic Approach for External Levator Resection: Best Choice for Each Situation - Olivier Galatoire, MD

- **9:00**
  - Therapeutic Options for Correction of Post-lower Blepharoplasty Ectropion - Ulrich Schaudig, MD

- **9:15**
  - Eyelid Reconstruction after Histologically Controlled Tumor Excision: Principles and Pearls - Christoph Hintschich, MD

- **9:30**
  - Frontalis Muscle Sling for Congenital Posisis Correction - Ramon Medel, MD

- **9:45**
  - Facial Reanimation after Palsy - Diego Strianese, MD

- **10:00**
  - Upper Eyelid Myectomy for Apraxia of Lid Opening in Blepharospasm - Richard Anderson, MD, FACS

- **10:15**
  - Discussion

#### 10:30 - 10:45
COFFEE BREAK with Exhibitors

#### 10:45 - 12:45
**ORBIT SESSION**

**Moderators:** Constantin Grigoras, MD & Ioannis Zacharopoulos, MD

- **10:45**
  - Management of Orbital Floor Fracture Repair: Why Delayed? - Bijan Beigi, MD

- **11:00**
  - The Spectrum of Prostaglandin Orbithopathy - Phillip Custer, MD

- **11:15**
  - Surgical Approach to Orbital Vascular Lesions - Marco Sales Sanz, MD

- **11:30**
  - Pain and Discomfort in the Anophthalmic Socket - Elin Bohman, MD

- **11:45**
  - Anophthalmia, Microphthalmia and Cyst: Clinical Features, Prosthetic and Surgical Management - Alessandra Modugno, MD

- **12:00**
  - Current Trends in Orbital Decompression Surgery: An Overview - Ioannis Mavrikakis, MD

- **12:15**
  - Thyroid Optic Neuropathy: Medical Treatments that Work - Matthew Kay, MD

- **12:30**
  - Discussion

#### 12:45 - 13:45
LUNCH BREAK

#### 13:45 - 14:45
**LACRIMAL SESSION**

**Moderators:** Sara Wester, MD & Robert Goldberg, MD

- **13:45**
  - Congenital and Complex Lacrimal Anomalies - Geoffrey Rose, MD

- **13:55**
  - External DCR Pearls - Suzanne Freitag, MD

- **14:05**
  - Nasal Endoscopic Surgery in Adult-onset Epiphora for Complete Stenosis of Hasner’s Valve: Indications, Technique and Results - Pierre Keller, MD & Jean-Marie Piaton, MD

- **14:15**
  - Lester Jones Tubes: Tips and Tricks for Success - Daniel Ezra, MD

- **14:25**
  - Management of Functional Epiphora Following an Anatomically Successful DCR - Pari Shams, MD

- **14:35**
  - Discussion

#### 14:45 - 15:45
**AESTHETICS SESSION I**

**Moderators:** Madalina Totir, MD & Catherine Hwang, MD

- **14:45**
  - Advanced Botox Techniques - Sara Wester, MD

- **14:55**
  - Filler Migration: A Number of Mechanisms to Consider - Bazil Stoica, MD

- **15:05**
  - What You Absolutely Need to Know Before Building Your Filler Practice: Evidence on Managing Filler Complications - Vivian Yin, MD

- **15:15**
  - Fat Grafting to the Periorbital Region: Indications, Technique and Results - Francesco Bernardini, MD

- **15:25**
  - Filler Complications and Management - Dario Surace, MD

- **15:35**
  - Discussion

#### 15:45 - 16:00
COFFEE BREAK with Exhibitors

#### 16:00 - 17:45
**AESTHETICS SESSION II**

**Moderators:** Adina Grigorescu, MD & Richard Anderson, MD

- **16:00**
  - Managing Complications of Upper Blepharoplasty - Hunter Yuen, FRCS, FRCOphth

- **16:15**
  - Surgical Options to Lower Eyelid Rejuvenation - Miguel Gonzalez Candel, MD

- **16:30**
  - Adjunctive Procedures in Upper Blepharoplasty - George Charonis, MD

- **16:45**
  - The Spiel on Peels - Tamara Fountain, MD

- **17:00**
  - Filler, Filler, You’re The Star: How I Wonder Where You Are - David Jordan, MD

- **17:15**
  - Laser Assisted Drug Delivery for Skin Rejuvenation - Chrysoufouad Alabiad, MD

- **17:30**
  - Discussion / Closing Remarks

#### 19:00 - 21:00
WELCOME RECEPTION at ARCUB
7:00  REGISTRATION OPENS

8:30 - 9:00  YESOPRS RAPID FIRE  

Moderators: Oana Andrei, MD & Eva Dafgard Kopp, MD

8:30  Operative versus Post-Fixation Temporal Artery Biopsy Length: A Potential Predictor of Giant Cell Arteritis  - G. Fincham, R. Ford, H. Garrott
8:33  High Precision 3D Image Guided Removal of Large Orbital Osteoma Extending to Orbital Apex  - R. Ford, I. Pereni, M. Teo, D. Porter
8:36  Atraumatic Amputation Neuroma Inside Extraocular Muscle  - M. Vulpe, N. Chisty, D. Georgescu
8:42  Gun Trauma and Ophthalmic Outcomes  - A. Wu, N. Chopra, K. Gervasio, B. Kalosra
8:45  A Novel, Personalised Artificial Eye Service Using Digital Photography  - T. Gout, T. Zolatte, P. Bartlett, E. Walshaw, S. Pavitt, G. Kalanzis, B. Chang
8:48  Postoperative Levator Function Change in Patients with Unilateral Myogenic versus Aponeurotic Blepharoptosis  - S. Shahrzad, M.B. Kashkouli, P. Abdolalizadeh, A. Amirsardari, H. Esmaelkhanian, F. Moradpasandi
9:05  Discussion

9:00 - 9:05  WELCOME & OPENING REMARKS

9:05 - 10:10  EYELID SESSION I  

Moderators: Daniela Selaru, MD & Haraldur Sigurdsson, MD

9:05  Histological Findings of Levator Muscle in Unilateral Congenital Ptosis  - F. Quaranta Leoni, S. Nardoni, S. Verrilli, A. Leonardi
9:17  Corneal Topographic Changes after Ptosis Surgery  - G.O. Karabulut
9:23  In Depth Analysis of Phenylephrine Testing in Ptosis Patient  - A. Cetinkaya
9:29  Fatty Degeneration of the Upper Eyelid Müller Muscle Is an Under-Investigated Ethological Factor of Acquired Ptosis  - Z. Dzagurova, M. Kataev, M. Zaharova, A. Shkatikov, A. Shatskikh
9:35  Association Between Eyelid Laxity and Obstructive Sleep Apnea  - A. Wu, T. Fox, J. Schwartz, A. Chang, C. Yim, F. Parvin-Nejad, S. Feinsilver
9:47  Non-Inferiority Study of IncobotulinumtoxinA Compared to OnabotulinumtoxinA for Essential Blepharospasm  - L. Blader, M. Favor, A. Litwin, R. Malhotra
9:59  Discussion

10:10 - 10:30  KEYNOTE SPEAKER

New Options in the Medical Treatment of Thyroid Eye Disease: Is there a Role for Nanotechnology  
Dion Paridaens, MD

10:30 - 10:45  COFFEE BREAK with Exhibitors/E-Posters

10:45 - 12:15  ORBIT SESSION I  

Moderators: Diego Strianese, MD & Suzanne Freitag, MD

10:45  The Hook and Release Technique During Enucleation Surgery  - D. Jordan, B. Stoica
10:57  Three-Dimensional Surface Image for Clinical Trials: Accuracy and Reproducibility of Orbital Volume Measurements in Ocular Prosthesis Users  - A. Borto
11:03  Method of Individualized 3D Conformer Design and Print for the Treatment of Congenital (Anophthalmia/Microphthalmia) and Acquired Complex Sockets  - D. Hartong, J. Remmers, Rim de Graaf, A. Groot, D. Mounts, P. Saeed
11:09 Three-dimensional Reconstruction of the Retrobulbar Orbital Fat Septa: A Comparative Study
A. Cheung, H. Naveed, J. Uddin, P. Adds


11:21 Radiographic Analysis of Fat Infiltration of the Extraocular Muscles in Thyroid Eye Disease
L. Cohen, M.E. Cunnane, M. Yoon

11:27 Facial Expression Analysis Software in the Objective Assessment of Perceived Emotional State in Thyroid Eye Disease
A. Kuebler, L. Reznicek, C. Wiecha, K. Hafther, S. Priglinger, C. Hintschich

11:33 Comparison of Different Methods to Measure the Intracocular Pressure in Thyroid-Associated-Orbitopathy
A.G. Kuebler, L. Reznicek, C. Wiecha, K. Halfter, S. Priglinger, C. Hintschich

11:39 Three-Year Serial TSH-Receptor Antibody levels and the Impact of Smoking, Radio-Iodine and Thyroidectomy in Thyroid Eye Disease - J. Roos, V. Paulpandian, R. Murthy

11:45 Orbital Decompression for Thyroid Eye Disease: The Outcomes of 120 Consecutive Procedures
D. Verity, K. Vahdani, D. Verity

11:51 Deep Lateral Orbital Decompression Ab Externo. Results and Complications
Y. Grusha, D. Ismailova

11:57 Periosteal Muscle Anchoring for Large Angle Incomitant Squint

12:03 Discussion

12:15 - 12:40 DEBATE  Moderator: Peerooz Saaed, MD

Thyroid Optic Neuropathy: Therapeutic Options and Dilemmas
Matthew Kay, MD vs Francesco Quranta Leoni, MD

12:40 - 13:00 KEYNOTE SPEAKER

Hybrid Operation for Orbital Venous Malformation
Hunter Yuen, FRCs, FRCophth

13:00 - 14:00 LUNCH BREAK

YESOPS Lunch hosted by Jonathan Roos, PhD, FRCophth
13:00 - 13:15 A Hodgepodge of Tips and Tricks - Ilse Mombaerts, MD
13:15 - 13:30 Fillers: Filling the Gap in Your Clinical Tool Kit - Rachna Murthy, FRCophth

Lunch Symposium (Industry Sponsored)

14:00 - 14:20 KEYNOTE SPEAKER

Tips Learned in 40 Years of Oculoplastic Practice
Richard Anderson, MD, FACS

14:20 - 15:20 AESTHETIC SESSION I  Moderators: Francesco Bernardini, MD & Tamara Fountain, MD

14:20 Blepharoplasty and Facial Asymmetry: Evaluating the Relationship between Brow and Ear Position
D. Meyer

14:26 Direct Brow Lift: A Simple and Precise Method to Lift and Shape the Eyebrows
R. Migliardi

14:32 Upper Blepharoplasty; When and How to Reposition a Lacrimal Gland Prolapse
M.B. Kashkouli


14:44 Comparison of Vision-Related Quality of Life in Nonsurgical Upper Blepharoplasty and Surgical Upper Blepharoplasty - A.E Kocakaya, E. Eriş

14:50 Update on Vascular Filler Complications
C. Hwang, J. Perry

14:56 Periocular appearance of cosmetics and fillers on magnetic resonance imaging
R. Ford, S. Hunt, H. Garrott, M. Williams

15:02 Minimal Incisions Vertical Endoscopic Lifting (MIVEL) for the Management of Lateral Canthal and Lower Eyelid Malposition - F. Bernardini, B. Skippen, A. Zambelli

15:08 Discussion

15:20 - 15:40 KEYNOTE SPEAKER

Heading South: Rejuvenation of the Lower Face and Neck
Jonathan Hoenig, MD
### 15:40 - 16:00
**COFFEE BREAK with Exhibitors/E-Posters**

### 16:00 - 17:15
**LACRIMAL SESSION**  
**Moderators:** Raluca Nitescu, MD & Julian Perry, MD

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<tr>
<th>Time</th>
<th>Presentation</th>
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<tr>
<td>16:00</td>
<td>The Lacrijet: A New Device in the Treatment of Tearing in Infants</td>
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<td>J. Ruban, B. Katowitz, J. Katowitz, D. Bremond-Gignac, E. Racy, B. Fayet</td>
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<td>16:06</td>
<td>The Association Between Gastro Esophageal Reflux and Primary Acquired Nasolacrimal Duct Obstruction</td>
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<td>J. Harvey, A. Hussain, S. Mehta</td>
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<td>16:12</td>
<td>A Retrospective Study of Patients with First-Onset Dacryocystitis</td>
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<td>K. Engelsberg</td>
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<td>16:18</td>
<td>Comparing Postoperative Infection Rate After Dacryocystorhinostomy with and without the Use of Systemic Antibiotic Prophylaxis</td>
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<td>L. Jiang, J. Bowyer</td>
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<td>16:24</td>
<td>Is Antibiotic Prophylaxis in Transcanalicular Laser Dacryocystorhinostomy Really Necessary?</td>
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<td>A. Marta, N. Silva, A. Lewis, A. Friande, M. Araujo</td>
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<td>16:30</td>
<td>Our Conception of Lacrimal Stents Using in Endonasal Endoscopic Dacryocystorhinostomy</td>
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<td>N. Krakhoveretsky, V. Yartsev, E. At'kova</td>
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<td>16:36</td>
<td>Mitomycin C in Dacryocystorhinostomy: Problems and Solutions</td>
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<td>V. Yartsev, A. Root</td>
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<td>16:42</td>
<td>Are We Ready for LAWS (Local Anesthesia Without Sedation) for External Dacryocystorhinostomy?</td>
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<td>J. Kusmierczyk, I. Mombaerts</td>
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<td>16:48</td>
<td>Dacryocystorhinostomy and (Wegener's) Granulomatosis with Polyangiitis: Experiences of a Tertiary Referral Centre</td>
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<td>P. Glasman, M. Mehmood, M. Seewoodharry, A. Berry-Brinca, J. Burns, R. Sampath</td>
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<td>16:54</td>
<td>Outcomes of Application of TCL-DCR ECLAD and EEDCR Methods in Georgia</td>
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<td>E. Bregvadze</td>
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<td>17:00</td>
<td>Lester-Jones Tubes: A Novel Technique for Cleaning And Maintenance</td>
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<td>E. Hawkes, A. Pearson</td>
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<td>17:06</td>
<td>Discussion</td>
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### 17:15 - 18:00
**FULL MEMBER MEETING**

### 20:00 - 24:00
**GALA DINNER at the Palace of the Parliament**

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### 37TH ESOPRS ANNUAL MEETING 2018 |

#### ANNUAL MEETING | DAY 2 | SATURDAY, SEPTEMBER 15, 2018

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<td>Malignant Pathologies Masquerading in Patients with Graves Ophthalmopathy, Three Unusual Cases</td>
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<td>9:03</td>
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<td>C. Grigoras</td>
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<td>Kaposis Sarcoma of the Caruncle in an HIV Negative Patient</td>
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<td>M. Vulpe, N. Chisty, D. Georgescu</td>
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<td>9:09</td>
<td>Retroauricular Myoperiosteal Graft for Exposed Orbital Implant Coverage</td>
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<td>J.C. Arboleda, M.E. Correa, L.M. Vásquez, M.V. Cicinelli, J.C. Sanchez, A. Tapia, R. Medel</td>
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<td>R. Secondi, J.C. Sanchez España</td>
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<td>Intraoperative Customized Prosthesis as a New Method for Early Rehabilitation of Patients with Contracted Sockets</td>
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<td>A. Awarde, O. Shalaby</td>
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<td>Reconstruction of the Mucosa, Bone and Skin Defect Developed at the Incision Site Following External Dacryocystorhinostomy with Bilobed Flap Technique in a Patient with Rheumatoid Arthritis</td>
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<td>M.S. Mangal, C. Arici, P. Kaynak</td>
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<td>9:21</td>
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<td>A. Heiratsbahg, M.B. Kashkouli, Y. Hadi, P. Abdolalizadeh, A. Amirsardari, M. Ghazizadeh</td>
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<td>9:30</td>
<td>Are You Rejecting Me After All This Time? Immune-Mediated Reaction to Periocular Hyaluronic Acid Beyond the Expected Filler Lifespan</td>
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<td>R. Murthy, B. Beigi, J. Roos</td>
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<td>9:36</td>
<td>Treatment of Hyaluronic Acid Complications in the Periorbital Area</td>
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<td>R. Migliardi</td>
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<td>Management of Unilateral Superior Sulcus Deformity with Dermis-Fat Graft</td>
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<td>The Pursuit of Perfection: Lipofilling and Nanolipofilling in Oculoplastic Surgery</td>
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<td>Management of Complications Following Periocular Fat Transfer: Towards an Evidence Based Approach</td>
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<td>Interest of the Malar Lift in the Management of the Look after a Facial Palsy</td>
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<td>11:22</td>
<td>The Hatchet Flap: Where Have You Been All My Career?</td>
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<td>11:28</td>
<td>The Botulinum Toxin Use to Reduce the Free Skin Graft Contraction after Reconstruction of Upper Eyelid</td>
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<td>11:34</td>
<td>Management Options Followed in Patients Attending External Disease Clinic with Stevens Johnson Syndrome Related Keratopathy</td>
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<td>11:40</td>
<td>Role of Orbicularis Muscle Excision in the Management of Severe Trachomatous Cicatricial Upper Lid Entropion</td>
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<td>11:46</td>
<td>Prognostic Factors for Recurrence Following Surgical Treatment of Basal Cell Eyelid Carcinoma: A Multicenter Retrospective Study</td>
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<td>11:58</td>
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<td>MUSTARDE LECTURE</td>
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<td>ORBIT SESSION II</td>
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<td>14:00</td>
<td>For Your Eyes Only: How Does James Bond Avoid Traumatic Eye Injury?</td>
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<td>14:06</td>
<td>Patients’, Globe, and Vision Survivals in Rhino-Orbito-Cerebral Mucormycosis</td>
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<td>14:12</td>
<td>PCR Can Trace Aspergillus in Inconclusive Histology and Deliver Resistance Information Against Azole</td>
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<td>14:18</td>
<td>Orbital Mycoses in an Adult Subtropical Population</td>
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<td>14:24</td>
<td>Classification for Mild, Moderate, and Severe Microphthalmia Based on Axial Length</td>
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**37TH ESOPRS ANNUAL MEETING 2018**

**AESTHETIC SESSION II - continued**

**10:30 - 10:50**

**KEYNOTE SPEAKER**

*Augmentation Blepharoplasty: A Review of 500 Consecutive Patients*

*Patrick Tonnard, MD*

**10:50 - 11:10**

**COFFEE BREAK with Exhibitors/E-Posters**

**11:10 - 12:10**

**EYELID SESSION II**

**Moderators: Alexandra Muresan, MD & Albert Wu, MD, PhD**

**11:10**

*Upper Lid Ptosis Surgery: What Is the Optimal Interval for the Postoperative Review? A Retrospective Review of 300 Cases*

*A. Manta, A. Porteus, A. Hariudas, R. Collin, D. Verity*

**11:16**

*A Combined Approach for the Correction of Long-Existing and Complicated Paralytic Lagophthalmos*

*I. Filatova, S. Shemetov*

**11:22**

*The Hatchet Flap: Where Have You Been All My Career?*

*P. Custer, R. Maamari*

**11:28**

*The Botulinum Toxin Use to Reduce the Free Skin Graft Contraction after Reconstruction of Upper Eyelid*

*M. Zakharova, M. Kataev, F. Khulamkhanova*

**11:34**

*Management Options Followed in Patients Attending External Disease Clinic with Stevens Johnson Syndrome Related Keratopathy*

*A. Grati, F. Tacea, A.R. Chaudhuri, I. Sian, S. Ahmad*

**11:40**

*Role of Orbicularis Muscle Excision in the Management of Severe Trachomatous Cicatricial Upper Lid Entropion*

*O. Shalaby, A. Awara*

**11:46**

*Prognostic Factors for Recurrence Following Surgical Treatment of Basal Cell Eyelid Carcinoma: A Multicenter Retrospective Study*

*G. Grimaldi, G. Midena, U. De Vico, R. Bernardo, A. Iuliano, G. Savino*

**11:52**

*National Incidence of Eyelid Tumours in Ireland 2005 - 2015*

*C. Quigley, E. Hughes, E. McElnea, S. Chetty, S. Deady, Z. Lina*

**11:58**

*Discussion*

**12:10 - 12:40**

**PEDIATRIC CONTROVERSIES**

**Moderator: Onur Konuk, MD**

*The Management of Congenital Nasolacrimal Duct Obstruction after Probing Failure*

*William Katowitz, MD vs Jean-Marc Ruban, MD*

**12:40 - 13:00**

**MUSTARDE LECTURE**

*Cellular Mechanisms of Targeted Cancer Therapy: Present and Future*

*Michele Beaconsfield, MD*

**13:00 - 14:00**

**LUNCH BREAK**

**Lunch Symposium**

*My Approach to Endonasal DCR - Jean-Marie Piaton, MD and Pierre Keller, MD*

**14:00 - 15:05**

**ORBIT SESSION II**

**Moderators: Bazil Stoica, MD & Dion Paridaens, MD**

**14:00**

*For Your Eyes Only: How Does James Bond Avoid Traumatic Eye Injury?*

*C. Malang, K. Vigneswaran, S. Chetty*

**14:06**

*Patients’, Globe, and Vision Survivals in Rhino-Orbito-Cerebral Mucormycosis*

*M.R. Kashkouli, P. Abdolalizadeh, M. Oghazian, Y. Hadi, N. Karimi, M. Ghazizadeh*

**14:12**

*PCR Can Trace Aspergillus in Inconclusive Histology and Deliver Resistance Information Against Azole*

*A. Eckstein, M. Lever, F. Grabellus, R. Pförtner, N. Bechrakis, P. Rath*

**14:18**

*Orbital Mycoses in an Adult Subtropical Population*

*A. Lee, P. Lee, T. Smith, T. Sullivan*

**14:24**

*Classification for Mild, Moderate, and Severe Microphthalmia Based on Axial Length*

*A. Groot, J. Remmers, A. Giliati, D. Moutrit, Pim de Graaf, P. Saeed, D. Hartong*
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<td>Galloping Sarcoma</td>
<td>K. Vahdani, G. Rose, I. Hutchison, D. Verity</td>
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<td>14:42</td>
<td>A Safe Primary Surgical Approach to Orbital Lymphangiomas</td>
<td>K. Chaloupka</td>
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<td>14:48</td>
<td>Clinical Differentiation of Non-Hodgkin Orbital Lymphoma and Idiopathic Orbital Inflammation</td>
<td>K. Laban, R. Van Aarle, R. Kalmann</td>
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<td>Discussion</td>
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<td>15:05</td>
<td>ONCOLOGY ROUNDTABLE Hosted by: Bita Esmaeli, MD, Michelle Beaconsfield, MD &amp; Robert Goldberg, MD</td>
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<td>15:05</td>
<td>Long Term Outcome of Eyelid Melanoma</td>
<td>J. Bladen, F. Lawson, A. Litwin, R. Malhotra</td>
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<td>15:11</td>
<td>Prognostic Factors of Sebaceous Gland Carcinoma: Evaluation of (AJCC) Cancer Staging System in Predicting the Management Outcome</td>
<td>D. Strianese</td>
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<td>15:29</td>
<td>Modified Cheek Advancement Flap for Lower Eyelid and Infraorbital Cheek Reconstruction: A Case Series</td>
<td>G. Albanese, L.C. Abercrombie</td>
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<td>15:35</td>
<td>Ultra Low Dose Radiation for Orbital Lymphoma</td>
<td>Bita Esmaeli, MD</td>
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<td>15:41</td>
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<td>16:15</td>
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<td>16:30</td>
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RF001
Operative versus Post-Fixation Temporal Artery Biopsy Length: A Potential Predictor of Giant Cell Arteritis
Gregory Fincham1, Rebecca Ford1, Helen Garrott1
1Bristol Eye Hospital, Bristol, United Kingdom
8:30 AM - 8:33 AM

Introduction.– Post-fixation temporal artery biopsy (TAB) length of at least 7mm has been shown to have the highest sensitivity for the histological diagnosis of giant cell arteritis (GCA).¹ We investigated the differences in TAB length following fixation compared to ex vivo operative measurements, and assessed if differences in length were predictive of GCA.

Methods.– Prospective six month audit comparing ex vivo operative versus post-fixation TAB length in cases diagnosed with and without GCA.

Results.– Twenty six of 29 consecutive TAB cases had ex vivo operative and post-fixation measurements and were included for analysis. Average post-fixation length (21.2mm [9mm - 31mm]) was 8.5% shorter than ex vivo operative length (23.5mm [14mm - 35mm]), (p = 0.07). Subgroup analysis suggested the average change in post-fixation shortening in 11 (42.3%) samples diagnosed with GCA (0.9mm [-10mm - 5mm]) was less than the 15 (57.7%) samples without GCA (3.3mm [-1mm - 10mm]); this trend was not statistically significant (p = 0.07).

Conclusion.– Ex vivo operative TAB samples in our series shrunk by approximately 8.5% following fixation; this should be taken into account when surgically harvesting samples to ensure the recommended post-fixation length of at least 7mm is available for pathological processing.¹ This pilot study also suggests GCA positive TAB samples contract less after fixation than those without GCA. This presumed reduced contractile compliance in the artery walls of cases with active inflammation and may prove to be an additional prognostic indicator in diagnosing GCA, but would require greater study numbers to confirm.

RF002
High Precision 3D Image Guided Removal of Large Orbital Osteoma Extending to Orbital Apex
Rebecca Ford1, Ioana Pereni1, M Teo2, David Porter2
1University Hospitals Bristol, NHS Foundation Trust, Bristol Eye Hospital, Bristol, United Kingdom, 2North Bristol NHS Foundation Trust, Department of Neurosurgery, Bristol, United Kingdom
8:33 AM - 8:36 AM

Introduction.– A 57 year old lady presented to our orbital centre with 18 months history of left gradual onset 6mm proptosis and a heavily calcified supronasal orbital mass 2.5x4cm. Visual function was unaffected and she had no clinical signs of optic nerve compression, diplopia or pain. CT and MRI scans suggested an ossifying lesion. Sinuses were not involved.

Methods.– Excisional biopsy was recommended due to progressive proptosis and proximity of the mass to optic nerve and apical structures. Contrast CT images showed extension of the bony mass to the orbital apex suggesting significant risk of surgical complications. To decrease this risk, excision was performed under general anaesthetic in the neurosurgical theatre, using an image guidance system set up by our neurosurgical colleagues. 3D image guidance was used to identify intraoperative positioning within the orbit on CT scan displays in real time. The tumour was removed via an upper lid skin crease using a combination of surgical burrs, rongeurs and osteotomes. An orbital drain was left in situ.

Results.– The surgical planning software and 3D ‘wand’ allowed continuous intraoperative monitoring of surgical excision, and guidance of positioning of cuts. The fixed bony nature of the tumour made it particularly suitable for this technique. It was possible to fully excise the entire 2.5x 4 cm mass without any access osteotomy, breach into the anterior cranial cavity, or damage to orbital apical structures. Histopathology confirmed the diagnosis of orbital osteoma. No postoperative complications occurred and final BCVA was 6/6.

Conclusion.– Orbital osteomas are rare bone-like tumours, usually originating in the frontal (80%) or parasanal sinuses but in this case arising primarily from the orbital roof (1). Use of state-of-the-art 3D precision surgical planning software and image guidance equipment can aid in safe excision of very large osteomas without damage to surrounding structures.

RF003
Atraumatic Amputation Neuroma Inside Extraocular Muscle
Miheea-Ilie Vulpe1, Naja Chisty2,3, Dan Georgescu1,2
1Oculoplastic Institute, Bucharest, Romania, 2Nova Southeastern University, Miami, USA, 3Larkin Community Hospital, Miami, USA
8:36 AM - 8:39 AM

Objectives.– To describe a unique case of amputation neuroma arising in an extraocular muscle without prior history of trauma or surgery.

Methods.– Retrospective chart review.

Results.– A 69 year old caucasian male presented with a two year history of progressive left eye proptosis and double vision. There was no ocular pain and no history of prior trauma or surgery. MRI of the orbits showed diffuse enhancement and thickening of the left inferior rectus muscle. An orbital biopsy from the left inferior
Cryolite Glass Prosthetic Eyes – The Response of the Anophthalmic Socket
Alexander C. Rokohl¹, Werner Adler², Konrad R. Koch¹, Joel M. Mor¹, Niklas Bjisterbosch¹, Marc Trester³, Nicola S. Pine⁴, Keith R. Pine⁴, Ludwig M. Heindl²

1University of Cologne, Cologne, Germany, 2Friedrich-Alexander University Erlangen-Nürnberg, Erlangen, Germany, 3Trester-Institute for Ocular Prosthetics and Artificial Eyes, Cologne, Germany, 4Auckland District Health Board, Auckland, New Zealand, 5University of Cologne, Cologne, Germany

8:39 AM - 8:42 AM

Purpose.– To investigate mucoid discharge and the inflammatory response of anophthalmic sockets to cryolite glass prosthetic eye wear.

Methods.– One hundred and one cryolite glass prosthetic eye wearers used visual analogue scales (0-10) to measure the frequency, color, volume, and viscosity of mucoid discharge associated with their prostheses. Standardized photographs of the conjunctiva of their anophthalmic sockets were taken and conjunctival inflammation was semi-quantitatively graded (0-4). All characteristics of discharge and conjunctival inflammation were analyzed with eye loss cause, years wearing a prosthesis, hand washing behavior, cleaning regimes, and wearing habits overnight as explanatory variables.

Results.– Mean mucoid discharge characteristics (0-10 scale) were frequency 5.3±2.8, color 4.8±3.2, volume 4.9±3.0 and viscosity 5.1±3.2. The mean conjunctival inflammation score (0-4 scale) was 2.1±1.0. There was a positive correlation between the grade of conjunctival inflammation and the frequency (p=0.010), color (p<0.001), volume (p=0.001), and the viscosity of mucoid discharge (p=0.004). More conjunctival inflammation was associated with higher frequency of cleaning (p<0.001) and lower frequency of hand washing before removal (p<0.001). Higher frequency, color, volume, and viscosity of discharge were associated with higher frequency of cleaning (p≤0.001). There were no associations of conjunctival inflammation or discharge with cause of eye loss, years of wearing a prosthesis, and wearing habits overnight.

Conclusion.– Discharge severity associated with prosthesis eye wear was positively correlated with more conjunctival inflammation, higher cleaning frequency and less hand washing before handling. The results suggest that cryolite glass eyes should not be removed daily for cleaning and that further research should be undertaken to develop a standardized treatment protocol for managing inflammation and mucoid discharge. This protocol would advise hand washing before handling cryolite glass eyes and recommend a minimum period of wear between cleaning sessions.

Gun Trauma and Ophthalmic Outcomes
Albert Wu¹, Nitin Chopra², Kalla Gervasio², Brittany Kalosza²

¹Stanford University, Palo Alto, United States of America, ²Icahn School of Medicine at Mount Sinai, New York, United States of America

8:42 AM - 8:45 AM

Purpose.– This retrospective cohort study assesses the visual outcomes of patients who survive gunshot wounds to the head.

Methods.– The Elmhurst City Hospital Trauma Registry and Mount Sinai Data Warehouse were queried for gun trauma resulting in ocular injury over a 16-year period. Thirty-one patients over 16 years of age were found who suffered a gunshot wound to the head and resultant ocular trauma: orbital fracture, ruptured globe, foreign body, or optic nerve injury. Gun types included all firearms and air guns. Nine patients were excluded due to incorrect coding or unavailable charts. Statistical analysis was performed using a simple bivariate analysis (χ²).

Results.– Of the 915 victims of gun trauma to the head, 27 (3.0%) sustained ocular injuries. Of the 22 patients whose records were accessible, 18 survived. Eight of the 18 surviving patients (44%) suffered long-term visual damage, defined as permanent loss of vision in at least one eye to the level of counting fingers or worse. Neither location of injury (P = 0.243), nor type of gun used (P = 0.296), nor cause of gun trauma (P = 0.348) predicted visual loss outcome. The Glasgow Coma Scale eye response score on arrival to the hospital also did not predict visual loss outcome (P = 0.793).

Conclusion.– There has been a dearth of research into gun trauma and even less research on the visual outcomes following gun trauma. Our study finds that survivors of gun trauma to the head suffer long-term visual damage 44% of the time after injury.
RF007

Postoperative Levator Function Change in Patients with Unilateral Myogenic versus Aponeurotic Blepharoptosis

Francesco Quaranta Leoni1, Stefano Nardoni2, Sara Verrilli1, Antonella Leonardi2

1Orbital And Adnexal Service - Villa Tiberia Hospital - GVM Care & Research, Roma, Italy, 2Department of Pathology - Ospedale Roma, Italy

Objectives. – Unilateral congenital ptosis is a common disorder that affects the eye muscle function and results in lower eyelid malposition. This condition is typically managed with surgical resection of the levator muscle. The aim of this study was to investigate the postoperative levator function change in patients with congenital ptosis, comparing different surgical approaches.

Methods. – A retrospective chart review was conducted on 50 patients with congenital ptosis who underwent levator resection surgery at our institution. The patients were divided into two groups: myogenic (Group A, N=30) and aponeurotic (Group B, N=20). Preoperative and postoperative measurements of levator function were recorded. The success rate was defined as Marcin reflex distance 1 (MRD1) of within 0.5 mm of the normal eyelid surgery were excluded. Eyelid examination and photography were performed before and at least 6 months after surgery. Success was defined as Margon reflex distance 1 (MRD1) of within 0.5 mm of the non-ptotic side. All procedures (levator resection) were performed by or under supervision of one occulo-facial plastic surgeon.

Results. – There were 58 patients in the MP (mean age: 19.2 years) and 20 in the AP (mean age: 49.5) group with median follow up of 10 months. LF was significantly improved from 5.8 to 7.3 mm in the MP and from 11.8 to 13.6 mm in the AP group. LF improvement was not observed in 17.2% of MP and 25% AP group (P=0.5). Mean preoperative LF was significantly (Odd ratio=1.8) higher in patients with than without LF improvement in the AP group. It was significantly reverse in the AP group (Odd ratio=0.38). A significantly positive (r=0.30) and negative (r=-0.72) correlations were observed between preoperative LF and LF improvement in the MP and AP groups, respectively. Success was observed in 90% of AP and 84.5% of MP group. In order of frequency, undercorrection, overcorrection, and contour abnormality were the reasons for failure. No variable significantly affected the success rate in either group.

Conclusion. – Majority of MP and AP showed postoperative LF improvement. While higher preoperative LF was significantly associated with LF improvement in the MP, it was reverse in the AP group. Success rates were almost the same in both groups with no factor significantly affecting them. ■
**Introduction.**—A previous study demonstrated that the outcome of surgical correction for unilateral congenital ptosis might be influenced by the age of the operation, as results appear to be better if levator resection is performed in the range of 2 to 4 years. In this study it was evaluated the different degree of muscle atrophy in specimens of levator muscle of patients operated on for unilateral congenital ptosis, as related to the age of the patient.

**Methods.**—Histological analysis of the specimen of levator muscle of 17 patients who underwent a levator muscle resection from February 2014 to April 2018 was performed. The study population was divided into two different groups according to the age of surgery: group 1 included 10 children from 2 to 4 years; group 2 included 7 children from 4.1 to 11 years.

**Results.**—Levator muscle of most patients of group 1 showed mild to moderate degree of muscle atrophy, with striated muscle fibers separated by thin fibrous septa incorporating groups of cells with peripheral nuclei and non-hyalinized cytoplasm (Masson's trichrome stain). Levator muscle showed in most cases of group 2 severe atrophy, with discontinuous striated muscle fibers separated by thick fibrous septa including cells with centralization of nuclei, hyalinization of cytoplasm (Masson's trichrome stain) and fatty infiltration.

**Conclusion.**—Myofibers found in specimens of levator muscle obtained following levator resection for congenital ptosis show characteristics of a degenerative process. A previous study showed that fat amount or atrophy in the levator muscle from congenital ptosis appeared not to be related to age, sex, or levator muscle function. This study seems instead to demonstrate that atrophy of the muscle tends to be more evident in older children with congenital ptosis, as in these cases histology shows signs of more severe atrophy of levator muscle.

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**ES003**

**Corneal Topographic Changes after Ptosis Surgery**

Gamze Ozturk Karabulut

1University of Health Sciences, Beyoglu Eye Research and Education Hospital, Istanbul, Turkey, Istanbul, Türkiye

9:17 AM - 9:23 AM

**Objective.**—To evaluate corneal refractive and topographical changes after various ptosis surgery types on patients with congenital and aponeurotic ptosis.

**Methods.**—71 eyes of 71 patients underwent frontalis sling, anterior levator complex tightening and Müller's muscle conjunctival resection surgery. Visual acuity, margin reflex distance and cycloplegic refraction were analyzed preoperatively and at first, third and sixth months postoperatively. Changes in corneal topography were analyzed with Sirius System (CSO, Florence, Italy) using parameters including corneal astigmatism, average simulated keratometry value, apical keratometry front, symmetry index front and central corneal thickness at the same intervals postoperatively.

**Results.**—After ptosis surgery the mean increase in best-corrected visual acuity ($p=0.04$, $p=0.01$ and $p<0.01$, respectively) and margin reflex distances ($p<0.01$) were significant at all controls postoperatively. Corneal astigmatism, axis, central corneal thickness and symmetry index front did not show significant differences between preoperative and postoperative measurements. Significant decreases were found in apical keratometry front at third and six months ($p=0.003$ and $p<0.01$, respectively) and in average simulated keratometry value...
at six month (p<0.01).

Conclusion.– The pressure of upper eyelid in patients with ptosis appeared to have resulted in steepening of the superior cornea along this axis. The surgical correction of ptosis induces modification of anterior corneal surface, restores corneal symmetry to a more regular state and results increase in visual acuity. ■

ES004
In Depth Analysis of Phenylephrine Testing in Ptosis Patient
Altug Cetinkaya1
1Dunyagoz Ankara Hastanesi, Ankara, Turkey
9:23 AM - 9:29 AM

Objectives.– Phenylephrine (PE) test in ptosis patients is simply scored as negative or positive and its correlation with other eyelid functions has not been studied extensively. This study aims to analyze the relation of PE test with the etiology, severity of ptosis and levator function.

Methods.– This prospective study included ptosis patients examined between November 2016 and May 2018. Demographic data, ptosis etiology, MRD before PE test, MRD at 2, 5 and 10 minutes of PE test, and levator function were recorded.

Results.– The study included 208 eyes of 162 patients aged 67.52±11 years. Congenital & neurogenic pathology was evident in 53 eyes. Allergy, trauma, contact lenses, prolonged inflammation, Horner’s syndrome, and involution were responsible in 155 eyes. Response at 2 minutes revealed 63 poor, 81 moderate, 47 good and 17 excellent results, whereas these values were 27, 73, 67, and 41 at 5 minutes, and 21, 70, 69, and 48 at 10 minutes, respectively. Among 155 eyes, good-excellent response was seen in %45 of severe ptosis, in %70 of moderate ptosis, in %44 of mild ptosis cases, and in %50 vs %59.7 vs %64.9 of poor vs good vs excellent levator function cases, consecutively. Almost half of patients in the congenital group showed good-excellent response irrespective of levator function.

Conclusions.– PE test results may assertively be interpreted at 5 minutes. Patients with moderate ptosis and better levator function demonstrated better response to PE. Positive PE response was observed in almost half of congenital cases irrespective of levator function, therefore PE testing should not be ignored in these patients. Levels of response greater than 2.5mm (up to 4.5mm) was recorded in 27.7% of cases which may enable the surgeon to lift the eyelid more than 2mm in several patients that was once believed to be the upper limit. ■

ES005
Fatty Degeneration of the Upper Eyelid Müller Muscle Is an Under-Investigated Ethological Factor of Acquired Ptosis
Zarina Dzagurova1, Mikhail Kataev1, Maria Zaharova1, Anastasia Shahmatova1, Anna Shatskikh1
1S. Fyodorov Eye Microsurgery Federal State Institution, Moscow, Russian Federation
9:29 AM - 9:35 AM

Purpose.– To prove that the fatty infiltration of the upper-eyelid Müller muscle (mM) is an unexplained cause of blepharoptosis.

Methods.– A biopsy of the “conjunctiva-mM” complex of 69 patients (79 eyes) with acquired blepharoptosis was studied under a light microscope (mean MRD1= -0.1 mm, min -3mm, max + 2mm). The average age of women is 55 years (min 19, max 86, SD 19.5); men - 55 years (min 17, max 82, SD18.6). Cases with congenital and acquired ptosis of traumatic, neurogenic and myogenic etiology are excluded. The biopsies were prepared by the method of paraffinization and stained with H&E, Van Gison and Mallory methods. At the pre-operative stage, the following parameters were determined: marginal reflex distance (MRD), the width of the ocular gap, the height and symmetry of the orbitopalpebral fold. Statistical processing: Statistica software v.10.0.

Results.– After receiving informed consent, patients underwent surgery for blepharopathy with transcutaneous access. In 19 patients (21 eyes), the average age of 45 years (min 17, max 76, SD 20.5), a significant thickening of mM was intraoperatively determined. The altered muscle was resected with conjunctiva (6-8 mm). Remote mM was marked by increased density, rigidity, increased thickness, yellowish color. Histopathological examination revealed a morphological picture of partial adipose degeneration of smooth muscle tissue. Invasions of lipocytes in the thickness of the mM led to its deformation, separation into fascicles, the dispersion of smooth muscle fibers. In the remaining 50 patients (58 eyes) with aponeurotic ptosis, mM had a clear structure, compact arrangement and absence among the fascicles of smooth muscle fibers of adipose tissue.

Conclusion.– The study uncovers an unexplained cause of blepharoptosis. It is proved that the adipose degeneration of mM can cause the acquired blepharoptosis. Resection of the dystrophic muscle produces a persistent positive clinical result. ■

ES006
Association Between Eyelid Laxity and Obstructive Sleep Apnea
Albert Wu1, Timothy Fox2, Jeffrey Schwartz2, Aimee Chang2, Cindi Yim2, Fatemeh Parvin-Nejad2, Steven Feinsilver2
1Stanford University, Palo Alto, USA, 2Icahn School of Medicine at Mount Sinai, New York, USA
9:35 AM - 9:41 AM

Objective.– To evaluate the association between OSA and quantitative markers of eyelid laxity or secondary ocular surface disease in a sleep clinic population.
**ES007**

**Transmission of the Frontal Muscle Strength to the Eyelid in the Frontal Muscle Flap: A New Concept**

Maria Encarnacion Correa Perez1, Johana Catalina Arboleda Hurtado1, Luz Maria Vasquez Gonzalez1, Ramon Medel Jimenez1

1Instituto de Microcirugia Ocular (IMO), Barcelona, Spain

**Introduction.**— Frontalis flap surgery is indicated in blepharoptosis with poor levator function. We describe the new concept of transmission of the frontal muscle strength to the upper eyelid. The Frontal-Eyelid-Transmission (FET) is the % of the strength of the frontalis muscle-conduced to the superior eyelid, specially useful in patients with high risk of postoperative exposure keratitis.

**Methods.**— We performed a retrospective study of 119 eyes (94 patients) that underwent direct frontal flap surgery in our institution with a minimum follow up of 1 year after the surgery, organized in age groups in order to analyze. The FET was calculated as the percentage of millimeters of the maximum eyebrow elevation (frontal muscle function, FF) transmitted to the eyelid as an increasing from the basal superior Margin-Reflex-Distance (basal MRD1) to the maximum with frontal function (maximum MRD1). The used formula was: [maximum MRD1 - basal MRD1] x 100 / FF.

**Results.**— There were no statistical differences between the pre and postoperative FF in all groups. The average preoperative MRD1 was -0.56 mm. After 1 year from the surgery, basal MRD1 was +2.4 mm, maximum MRD1 +5.86 mm and FF was then +8.83 mm. The global FET increased along the follow up with a maximum value of 35.7% after 1 postoperative year.

**Conclusion.**— The main advantage of the frontal flap procedure is the direct action of the frontal muscle on the upper eyelid, without another material. The patients can control their eyelid, specially important in cases of ophthalmoplegia and neurogenic blepharoptosis, where a ptosis under correction is searched in the surgery because of the risk of corneal exposure. The FET give the patients the tool to regulate their upper eyelid height based on the frontalis contraction and a better quality of life in these patients with neurological pathologies.

**ES008**

**Non-Inferiority Study of IncobotulinumtoxinA Compared to OnabotulinumtoxinA for Essential Blepharospasm**

John Bladen1, Maribel Favor1, Andre Litwin1, Raman Malhotra1

1Queen Victoria Hospital, East Grinstead, United Kingdom

**Objectives.**— To evaluate the impact of switching from onabotulinumtoxinA (Botox) to incobotulinumtoxinA (Xeomin) in the treatment of essential blepharospasm (EB).

**Methods.**— A prospective, interventional, non-inferiority case series audit assessing the switch over from Botox® to Xeomin® was performed. Patients were masked to the switchover as the product was always referred to as Botulinum A toxin. A 1:1 unit dose ratio was utilized. Efficacy assessments were completed contemporaneously at each visit. Validated objective assessments included blepharospasm disability score (BDs) and Jankovic score (JS). Subjective evaluation comprised treatment satisfaction (using a percentage rating scale of 0-100 with 100% as very satisfied), duration of maximum effect (DME) in weeks and complications. A minimum of 3 Xeomin® and 3 Botox® regimens were administered to 20 patients over a minimum of 2 years.

**Results.**— Twenty patients with EB received 60 Botox®
and 60 Xeomin® treatments. Subjective outcome revealed treatment satisfaction 80% and 85%, DME of 10 and 12 weeks for Botox® and Xeomin® respectively. Objective outcomes showed a median BDS of 7 and 6 and JS of 2 and 2 for Botox® and Xeomin® respectively. Minor complications occurred at a similar rate in both treatments with bruising (3 Botox®, 2 Xeomin®) followed by ptosis (1 Botox®, 1 Xeomin®) as the most common. There was an overall cost saving with the use of Xeomin®.

Conclusions.– Switching from Botox® to Xeomin® did not result in an inferior outcome for the treatment of essential blepharospasm. Moreover, this had a cost saving implication for the service.

Management Recommendations for Refractory Blepharospasm Caused by Deep Brain Stimulation Treatment in Parkinson’s Disease

Alexandra Manta¹, Claudia DaCosta¹, Fabiola Murta¹, Daniel Ezra
¹Moorfields Eye Hospital NHS Trust, London, United Kingdom

Introduction.– Patients with Parkinson’s Disease who receive subthalamic nucleus - deep brain stimulation (STN-DBS) can develop a severe form of involuntary eyelid closure with a significant apraxia component. STN-DBS has proven effective in the symptomatic treatment of advanced Parkinson’s and should be considered in patients who do not respond to medical approaches. In these cases where blepharospasm and lid apraxia are worsened or triggered by this treatment, involuntary eyelid closure is sometimes present for more than 50% of the time, dramatically affecting the patient’s quality of life.

Methods.– We report 5 cases of patients with Parkinson’s disease who developed severe blepharospasm and/or apraxia of lid opening after STN-DBS. Assessment of the patients’ improvement of symptoms and quality of life was done with the aid of the blepharospasm disability score index (BDI) and the blepharospasm Jankoviv score (BJS) 4-6 weeks post initiation of treatment.

Results.– We found that extending the botulinum toxin injection treatment to all periorbital muscles, including pretarsal, preseptal and orbital orbicularis, procerus and corrugator muscles and shorter injection spacing has given good results in these cases, improving the BDI to an average of 12/24 and the BJS to 6/8 or better after 4-6 weeks. Apraxia of the eyelid can be addressed with brow suspension although this does not reduce the need for regular botulinum toxin injections.

Conclusion.– The management of these cases can be very challenging most of them needing combined treatment with toxin botulinum and surgery. Patients’ symptoms and quality of life can be significantly improved by using this approach.

The Hook and Release Technique During Enucleation Surgery

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Purpose.– To describe the results and potential benefit of direct muscle release from the globe during enucleation surgery without identifying sutures; a technique referred to as the “hook and release technique”.

Methods.– Single center, retrospective, interventional case series. A chart review of 35 patients undergoing enucleation with direct removal of the recti muscles without identifying sutures between 2011 and 2014 was carried out. All patients met the inclusion criteria of primary enucleation without previous strabismus surgery and at least 6 months follow-up. Forty consecutive enucleation patients had direct release of their extraocular muscles without identifying sutures prior to releasing them from the globe. The recti muscle were easily located and reconnected to the orbital implant wrap. The oblique muscles were not reconnected. This study was performed with Institutional Review Board Approval and in compliance with the Declaration of Helsinki.

Results.– In each of the 35 patients, the extraocular muscles were easily located by gently applying traction superiorly at the conjunctiva/Tenons edge using double pronged skin hooks. There was no instance of a “lost or slipped muscle” during the study. The recti muscles are held in place by the fibrous connective tissue framework. The hook and release technique is a simple and effective method to remove the extraocular muscles from the globe and still easily locate them. Contrary to popular belief, the recti muscles do not retract into the orbit but remain in place due to the connective tissue framework and the extraocular muscle pulley system. The hook and release technique has been particularly helpful teaching resident staff how to do enucleation surgery and not worry about globe penetration during a potential intraocular tumor case. It avoids the more time consuming placement of double armed locking sutures through the muscle insertions with risk of globe penetration.
OS002

Platelet-Rich Plasma to Rescue an Ulcerated Orbital Dermal Fat Graft

Roberto Secondi1, Tania Chaparro Tapias2, Alberto Diaz Diaz2, Juan Carlos Sánchez España3, Helena Coy Villamil2, Johnny Castellar Cerpa3

1Sapienza University, Rome, Italy, 2Fundación Oftalmológica de Santander, Bucaramanga, Colombia, 3Hospital General, Granollers, Spain

10:51 AM - 10:57 AM

Objectives.– Central graft ulceration is a rare complication of an orbital dermal fat graft (DFG) caused by diminished blood supply to the implant. This study reports on the efficacy and safety of the use of a single subconjunctival injection of autologous platelet-rich plasma (PRP) to rescue an ulcerated orbital DFG.

Methods.– Prospective, non-comparative, interventional case series of ulcerated DFG treated with a 2 ml PRP injection from March 2017 to September 2017.

Results.– The patients treated were 2 men and 1 woman who had undergone autologous DFG implant as treatment for anophthalmic socket. In the preoperative examination, all patients presented an epithelial defect of the DFG. The PRP injection was introduced into the exposed graft margins. One month later, the chronic epithelial defect had resolved and the graft tissue appeared integrated within the orbital tissues in all cases. There were no major complications such as necrosis or infection. All patients were referred for artificial eye placement assessment.

Conclusion.– Although further work is needed, our findings suggest that a single subconjunctival PRP injection could be an effective, safe and economic alternative to surgery to rescue an ulcerated orbital DFG.

OS003

Three-Dimensional Surface Image for Clinical Trials: Accuracy and Reproducibility of Orbital Volume Measurements in Ocular Prosthesis Users

Andre Borba

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10:57 AM - 11:03 AM

Introduction.– Numerous devices can evaluate the volume of the orbit and the evaluation of the effectiveness of these devices is based on qualitative comparisons of previous photographs and a patient’s appearance and clinical exam. The current standard for measuring enophthalmos in ocular prosthesis users involves computed tomography, exophthalmometry and ocular prosthesis volume analysis. These measures present possible human error and may incorrectly refute the effectiveness of a device or procedure. Our objective was to compare the accuracy and reproducibility of manual measurement (exophthalmometry) versus 3D photography of the normal orbit and ocular prosthesis user.

Materials and Methods.– Fifty patients were analyzed. Each patient were evaluated with exophthalmometry of the normal and enophthalmic orbit, in addition to measurement of ocular prosthesis volume. The subjects were also photographed and measured by the 3D system.

Results.– The variance for the 3D photography system were analyzed versus the measurements performed with the exophthalmometer.

Conclusion.– A promising alternative to manual measurements is three-dimensional (3D) photography. This technology allows the comparison of measurements of orbital volumes in normal or enophthalmic orbits, as well as analysis of facial symmetry using 3D digital models.

OS004

Method of Individualized 3D Conformer Design and Print for the Treatment of Congenital (Anophthalmia/Microphthalmia) and Acquired Complex Sockets

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1Amsterdam Medical Center, Amsterdam, The Netherlands

11:03 AM - 11:09 AM

Introduction.– To introduce a method to design and print individualized conformers for the treatment of complex sockets (congenital microphthalmia, anophthalmia, acquired contracted sockets).

Methods.– 3D facial scanning or magnetic resonance imaging (MRI), in combination with data from a digitalized impression of the socket are used to design a conformer that is adapted to the individual requirements.

Results.– In anophthalmic and microphthalmic cases it is possible to print a correct fit of the conformer. Subsequent conformers for continuous growth stimulation can be adapted from the original design. In acquired contracted sockets, the needed postoperative conformer size can be produced, and the model (anterior part) is adjusted to the fellow eye, to enable direct transition to the subsequent ocular prosthesis. Adaptations such as holes in the conformer or a central extension can be used for fornix creation or conformer fixation during the healing process. Conformers left in situ for up to 4 months in previously failed surgeries, resulted in adequate fornix formation and subsequent retention of a cosmetic prosthesis. The design may also involve the print of a personalized facial night mask for compressive effects where socket surgery is not (yet) indicated.

Conclusion.– 3D conformer design and print using data from MRI scans facilitates the treatment of congenital anophthalmia and microphthalmia, and 3D conformer print using 3D facial photography aids in the treatment of severely contracted sockets.
OS005
Three-dimensional Reconstruction of the Retrobulbar Orbital Fat Septa: A Comparative Study
Alison Cheung¹, Hasan Naveed, Jimmy Uddin, Philip Adds
¹Institute of Medical and Biomedical Education (Anatomy), St. George's University of London, United Kingdom
11:09 AM - 11:15 AM

Introduction.– The human orbit contains a scaffold of adipose tissue that is interspersed by a connective tissue network. This configuration is vital in supporting the intraorbital structures and coordinating eye movements. However, difficulty in visualising the connective tissue fat septa prevents investigations into their architectural variations. This novel anatomical study used serial histological sections to generate high-resolution three-dimensional (3D) reconstructions of orbital septa to enable morphometric comparisons.

Methods.– Eight formalin-fixed and soft-fixed human orbit specimens from four individuals (aged 55-88; 1:3 male/female ratio), whose bodies were donated to St George's Hospital Medical School Anatomy Department under the Human Tissue Act (2004), were dissected and impregnated with Biodur® E12 epoxy resin. Sections of 0.3 mm were cut with a Buehler slow-speed diamond saw, and stained with a modified Gomori's trichrome. Individual histological sections were then photographed, and the images were used to render high-resolution 3D reconstructions of the orbital connective septa using BioVis3D software.

Results.– The project generated four 3D reconstructions of the connective septa, in which each structure was available for dynamic viewing by utilising rotation, isolation and manipulation on all axes. This study demonstrates that orbits from the same individuals share a similar arrangement and condensations of septa. The 3D models have shown the immense intricacy of the connective tissue apparatus, while the serial histological sections showed areas of condensation, connective tissue sleeves surrounding the rectus muscles, and other variations of septa among different orbits.

Conclusion.– Although sharing similar prominent features, the orbital septa of different individuals display a wide range of variations in thickness, density and fine organisation. The results and methodology from this study could serve as groundwork for defining the normal anatomy of the septa, and investigations into the clinical and surgical implications of these variations.

OS006
Management of Acute Retrobulbar Haemorrhage: A Survey of United Kingdom Non-Ophthalmic Emergency Department Physicians
Matthew Edmunds¹, Amy Shirodkar¹, Kasyap Jamalapuram², Anjana Haridas¹, Daniel Morris¹
¹University Hospital Of Wales, Cardiff, United Kingdom, ²Birmingham Children's Hospital, Birmingham, United Kingdom
11:15 AM - 11:21 AM

Introduction.– Acute retrobulbar haemorrhage (aRBH) is a sight-threatening ophthalmic emergency necessitating expedient treatment with lateral canthotomy/ inferior cantholysis (LC/IC). However, such cases may present to non-ophthalmic emergency departments (ED) out-of-hours, when specialist intervention may not be available. We completed a survey of United Kingdom (UK) ED physicians, with no specialist ophthalmic training, to explore experiences of aRBH and confidence in undertaking LC/IC.

Methods.– An online survey was sent to ED physicians of all training grades in 7 UK locations. The survey comprised a case vignette of a patient presenting with clinical features of aRBH, with multiple choice questions on the diagnosis, management and onward referral of such cases. Additional questions explored experience of aRBH, LC/IC and perspectives on current and future training of ED physicians in this area.

Results.– 190 ED doctors completed the survey (response rate 70%). While 83% correctly diagnosed aRBH, and 96% recognised irreversible visual loss as a consequence of untreated aRBH, 83% indicated that they would initially undertake imaging rather than performing LC/IC. Only 15% had previously encountered a case of aRBH and only 36% would perform LC/IC themselves, with 92% indicating that this was due to lack of training. 95% felt that more training was required for ED physicians in aRBH management.

Conclusion.– While cases of aRBH are infrequent, it is crucial that aRBH management with LC/IC is added to the UK’s Royal College of Emergency Medicine training curriculum. At present, though the majority of UK ED physicians can identify aRBH, the minority are willing or able to undertake LC/IC, potentially risking irreversible but avoidable visual loss.

OS007
Radiographic Analysis of Fat Infiltration of the Extraocular Muscles in Thyroid Eye Disease
Liza Cohen¹, Mary Elizabeth Cunnane¹, Michael Yoon¹
¹Massachusetts Eye And Ear Infirmary, Harvard Medical School, Boston, MA, USA
11:21 AM - 11:27 AM

Objectives.– The radiographic finding of fatty infiltration of the extraocular muscles has been described in patients with thyroid eye disease (TED), yet it has not been studied on a large scale. Our purpose was to define and characterize this entity in patients with TED.
OS008
Facial Expression Analysis Software in the Objective Assessment of Perceived Emotional State in Thyroid Eye Disease
Matthew Edmunds1, Shazli Draman1, Colin Dayan1, Daniel Morris1, Anjana Haridas1
1University Hospital Of Wales, Cardiff, United Kingdom
11:27 AM - 11:33 AM

Introduction.– Thyroid Eye Disease (TED) is an inflammatory condition of the orbit and periorcular tissues, associated with significant psychosocial morbidity. TED patients are often concerned that their altered facial appearance may be negatively interpreted by others. We aimed to objectively assess the perceived emotional state of TED patients using commercially available facial expression analysis software.
Methods.– Full face, neutral expression photographs of 80 TED patients and 40 age- and sex-matched healthy controls were analysed with FaceReader (version 7.1) software. All images were taken by clinical photographers under standardised conditions. FaceReader is a robust, automated system for the recognition of a number of specific affective states derived from static facial images, including six basic expressions: ‘happy’, ‘sad’, ‘angry’, ‘surprised’, ‘scared’, and ‘disgusted’. This software has previously been widely used in consumer behaviour and market research.
Results.– FaceReader analysis outputs for photographs from TED subjects were significantly associated with greater recognition of the affective states ‘surprised’, ‘scared’ and ‘disgusted’ compared with healthy controls. Photographs from healthy controls were significantly associated with ‘neutral’ affective state outputs. Individual TED subjects undergoing rehabilitative surgery gained greatest benefit to ‘neutral’ assessments with upper eyelid lowering.
Conclusion.– Facial expression analyses determined that the clinical appearance of TED is associated with external perception of negative emotional states such as ‘surprised’, ‘scared’ and ‘disgusted’. This study demonstrates that facial expression analyses contribute to (1) more quantitative, objective means of describing appearance changes in TED and (2) the development of a TED disfigurement index or score.

OS009
Comparison of Different Methods to Measure the Intraocular Pressure in Thyroid-Associated-Orbitopathy
Aylin Garip Kuebler1, Lukas Reznicek2, Caroline Wicha1, Kathrin Halfter1, Siegfried Priglinger1, Christoph Hintschich1
1Ludwig-Maximilians-University, Department of Ophthalmology, Munich, Germany, 2Professor Lachenmayr & PD Reznicek Private Practice, Munich, Germany, 3Ludwig Maximilians University, The Institute for Medical Information Processing, Biometry, and Epidemiology, Munich, Germany
11:33 AM - 11:39 AM

Purpose.– To evaluate the correlation of the intraocular pressure measurements (IOP) with non-contact tonometer Corvis Scheimpflug Technology (Corvis ST), Goldmann applanation tonometry (GAT), Ocular Response Analyzer (ORA), and iCARE rebound tonometer in patients with Thyroid Associated Orbitopathy (TAO) and eye-healthy subjects (control group).
Methods.– Twenty-nine consecutive patients with TAO (79% female) and 30 eye healthy subjects (60% female) were included in this prospective, age- and sex-matched study. The IOP measurement with Corvis, ORA, GAT, iCARE, and central corneal thickness (CCT) with Corvis were obtained from all study participants.
Results.– The mean age of the patients was 51 ± 10 years in patients with TAO, and 56 ± 13 years in the control group. The mean IOP measurements with GAT, Corvis, ORA, and iCARE were 15.93 ± 4.42 mmHg, 18.10 ± 7.54 mmHg, 18.40 ± 7.93 mmHg and 16.61 ± 7.96 mmHg in patients with TAO and 14.52 ± 3.02 mmHg, 14.48 ± 3.38 mmHg, 15.29 ± 4.64 mmHg and 14.13 ± 3.85 mmHg in...
the control group (P= 0.157; P= 0.004; P= 0.017; and P= 0.176 respectively). The mean CCT was 547.5 ± 39.2 μm in patients with TAO and 560.8 ± 49.8 μm in the control group (P= 0.261).

Conclusions. – The data collected shows an agreement between the iCARE and GAT IOP measurements in TAO patients and in eye-healthy patients. However, the mean value of IOP measurements with Corvis and ORA was significantly higher in patients with TAO in comparison to the control group (P=0.044 and P=0.029 respectively). Therefore, according to our results, iCARE seems to be acceptable and interchangeable in patients with TAO, so that iCARE can be an alternative to GAT in daily practice. However, caution should be exercised using the Corvis and ORA due to the possible overestimation of the IOP in patients with TAO.

OS010
Three-Year Serial TSH-Receptor Antibody levels and the Impact of Smoking, Radio-Iodine and Thyroidectomy in Thyroid Eye Disease
Jonathan Roos1, Vignesh Paulpandian1, Rachna Murthy1,2
1Ipswich Hospital, Ipswich, United Kingdom, 2Cambridge University Hospitals, Cambridge, United Kingdom
11:39 AM - 11:45 AM

Background. – The TSH Receptor Antibody (TRAb) is thought to play a key role in the pathogenesis of TED. Recent therapeutic studies have sought to use changes in propotosis as an indicator of efficacy. Aim. – 1) To study the relationship between TED activity and TRAb levels. 2) To determine the effect of smoking and endocrine treatments on the TRAb profile. Methods. – Retrospective review of the medical records of 105 TED patients over a 3-year period. The clinical features, Clinical Activity Score (CAS), MRI signal intensity, TSH levels, TRAb levels and treatments were recorded for each patient.
Results. – There was a positive correlation between initial TRAB and CAS score (p<0.0001) and a positive correlation between MRI changes and CAS score (p<0.0001). Importantly, there was no statistically significant correlation between propotosis and CAS score (p=0.3705). The mean time for the TRAb to normalise was 18.5 +/- 6.5 months in the non-smokers and 32.5 +/- 8.5 months in smokers. Post-thyroidectomy the TRAb normalised in 7.2 +/- 3.3 months. Post-radioiodine, the mean time for the TRAb to normalise was 12.6 +/- 6.6 months, though 2 patients developed recurrent TED.
Conclusions. – We demonstrate prolonged persistence of TRAb in smokers with TED. Whilst TRAb levels and MRI changes are predictors of clinical activity, propotosis is not and does not indicate response to treatment. TRAb levels and smoking may allow stratification of risk of eye disease and guide prognosis and thyroid gland treatment. Our results should inform future therapeutic trial design.

OS011
Orbital Decompression for Thyroid Eye Disease: The Outcomes of 120 Consecutive Procedures
Oana Vonica1, Kaveh Vahdani1, David Verity1
1Orbital Clinic, Moorfields Eye Hospital, London, United Kingdom
11:45 AM - 11:51 AM

Purpose. – To evaluate the safety and effectiveness of orbital decompression surgery in thyroid eye disease (TED) patients in a tertiary referral center. Methods. – A retrospective consecutive case series of all patients who underwent orbital decompression in one institution by one surgeon, between 2008 to 2018. Patients with minimum of six months follow-up were included. Reviewed parameters included: Snellen and Ishihara acuity, pupil reactions, exophthalmometry and surgical complications. Results. – A total of 120 orbits of 118 patients were studied. One third of the patients had bilateral simultaneous surgery. Fifty-two percent of the patients had single-wall surgery (lateral), 8% had medial one-and-a-half wall and 40% had balanced decompression surgery. The indications for surgery were: aesthetic (73%), dysthyroid optic neuropathy (DON) (14%) and orbital congestion without optic neuropathy (‘hydraulic’ orbitopathy) (13%). The mean reduction of propotosis was 3.23 mm ± 1.03 for lateral wall decompression and 5.36 mm ± 1.57 for balanced medial and lateral wall decompression. No visual loss was noted post-operatively. In DON group, 80% of eyes recovered a normal Ishihara colour test performance at first post-operative visit. The remainder had pre-existing non-TED related colour vision loss. None of the patients developed peri- or postoperative orbital haemorrhage, orbital cellulitis, suture-related infection or imploding antrum. Eight percent of the patients reported new onset of post-operative diplopia. Two patients presented with post-operative subconjunctival haemorrhage and chemosis, respectively. Conclusion. – Orbital decompression surgery (both sequential and simultaneous bilateral) is a safe procedure, providing durable reduction of propotosis. Rapid visual recovery can be achieved in patients with DON undergoing medial wall decompression.

OS012
Deep Lateral Orbital Decompression Ab Externo. Results and Complications
Yaroslav Grusha1,2, Dilyara Ismailova1
1Institute of Eye Diseases, Moscow, Russia, 2First Moscow State Medical I.M. Sechenov University, Moscow, Russia
11:51 AM - 11:57 AM
Aim. – to analyze results and complications of deep lateral orbital decompression.

Method. – 77 patients (122 orbits) with TED were enrolled into the study: 57 female and 20 male. Mean age was 55,4±8,7 y.o. (from 32 to 76 y.o.). Deep lateral wall decompression via external approach was performed in all patients. In 45 patients intervention was bilateral. Mean duration of the disease was 25,2±3,19 months (from 2 months to 11 years), mean CAS was 2,9±3,6. All the patients underwent routine ophthalmological examination (visometry, tonometry, perimetry, biomicroscopy, ophthalmoscopy), exophthalmometry, color and contrast sensitivity testing. Optic coherence tomography was used to assess optic nerve head and RNFL-thickness. The main outcome measures were best corrected visual acuity (BCVA), reduction of proptosis, keratopathy one month after surgery and complication rate.

Results. – The indications for surgery were disfiguring exophthalmos (77 orbits), optic neuropathy (34 orbits) and corneal damage (11 orbits). BCVA was stable: 0,84±0,87 preop and 0,91±0,62 postop (p<0,05). There was a mean reduction in proptosis of 2,8±1,9mm (p<0,05). In all cases of keratopathy or corneal ulcer improvement and epithelization were achieved. The rate of serious complications was low, transient temporal numbness in 34 cases (27,9%), corneal erosion in the early postoperative period in 13 cases (10,6%), 1 case of new onset diplopia (0,8%), 1 case of wound infection with fistula formation (0,8%), 9 cases of obvious temporal hollowing (4,9%), 4 cases of dural tear with CSF leak (3,3%), transient gaze-evoked pain in 6 cases (4,9%). There were no cases of permanent visual loss or decrease of visual acuity, anterior cranial fossa dura damage, overcorrection, orbital haematoma formation, oscillopsia, reduction of jaw opening. Cosmetically significant scar occurred in 7 cases (5,7%).

Conclusion. – deep lateral orbital decompression is an effective and safe option for treatment of patients with TED with low complication rate.

AESTHETIC SESSION I

Friday, September 14, 2018
2:20 PM - 3:20 PM

OS013

Periosteal Muscle Anchoring for Large Angle Incomitant Squint

Kaveh Vahdani1, S Hull1, Tarang Gupta1, S Sobti2, Geoff Rose1, Gill Adams2, David Verity1

1Orbital Clinic, Moorfields Eye Hospital, London, United Kingdom, 2Strabismus Clinic, Moorfields Eye Hospital, London, United Kingdom

11:57 AM - 12:03 PM

Introduction. – To describe the evolution of a modified surgical technique for correcting large angle incomitant exodeviations.

Methods. – A consecutive series of 26 patients with predominantly third nerve palsy (n=21, medial rectus palsy=2, exotropia=2, Moebius=1) were operated on between 2005-2017 by a joint Strabismus/Adnexal team. Retrospective analysis included prism dioptre (PD) deviations and complications.

Results. – Three patients missed follow up leaving 23 patients mean age 37.8 years (range 4-79). All had minimal medial rectus function. Twelve had undergone prior surgery. Pre operative exotropia ranged from 45 to >115 PD. There were 29 operations (19 patients=1, 4 patients >1) with the medial rectus insertion anchored to retrocaruncular peristeum. The lateral rectus was disinserted then fixated to the lateral orbital rim except for 2 recessions and 5 botulinum toxin injections (4 performed 2005-6). Medial traction sutures were inserted in 21 of 29 surgeries (8 without performed 2005-9) for a mean of 5 weeks (range 2-8). Final review was at an average 32 months (range 2 to 130) with a mean reduction in deviation of 44 PD (range 10 to 79). The 5 toxin procedures had a mean reduction of 22 PD. All 4 patients requiring further surgery had initial procedures in which only one rectus muscle was fixated.

There were no complications.

Discussion. – Large angle incomitant exodeviations present a difficult surgical challenge. The surgical approach has evolved with lateral rectus disinsertion preferred and traction sutures routinely inserted.

Conclusion. – We advocate a combined bi-rectus fixation approach with traction sutures to hold the globe in the primary position.
female and 20% male. Some degree of brow ptosis was noted in 83% of patients. Brow asymmetry was found in 88% of patients, and ear asymmetry in 77%. Of those patients who had asymmetry, 61% had the right brow lower and 75% had the right ear lower; and furthermore 73% of patients had the brow and ear lower on the same side (p < .001). Only 8 patients (6%) had “complete” symmetry (brows/ears both at similar positions).

**Conclusions.** Some degree of facial asymmetry is thought to be present in the general population. To the authors’ knowledge, no prior study has specifically quantified the relationship between eyebrow position and other structures in the same region of the face, including the ear. In this study, brow ptosis and asymmetry were found to be quite common. In addition, the side of the lower brow correlated strongly with the side of the lower ear; and right side structures were more often lower than left. Patients presenting for blepharoplasty evaluation may have an element of generalized facial asymmetry which includes the brows and ears. These findings can be important for pre-operative planning, counseling and managing patient expectations.

**AS002**

**Direct Brow Lift: A Simple and Precise Method to Lift and Shape the Eyebrows**

**Renata Migliardi**

1 Clk Policlinico Di Monza, Torino, Italy

2:26 PM - 2:32 PM

**Objectives.** The upper third of the face is integral to our perception of youth and beauty. While the eyelids underpin this facial cosmetic unit, the eyebrows are intrinsically linked to the eyelids, and their position and texture play an important role in creating pleasing eyes as well as conveying mood and youth. The most common browlifts are performed with endoscopic visualization. Yet, this technique requires special equipment and a prolonged learning curve. Our objective was the evaluation of the aesthetic outcome of the direct browlift technique and hits potential side effects.

**Methods.** We analyze the outcome of 23 patients from September 2014 to April 2018. All underwent a direct brow lift on the lateral part of the brow associated to upper blepharoplasty. All patients were evaluated clinically and by means of pre- and postoperative photographs. Patients completed questionnaires indicating scar quality and satisfaction with the results.

**Results.** Transcutaneous direct brow lift results in a significant browlift with secondary smoothing of the forehead topography. Aside from bruising and swelling, it results in minimal side effects. Scar visibility was low, and patients expressed a high level of satisfaction with the aesthetic results of direct brow lift.

**Conclusions.** Browlifts are an important procedure in rejuvenating the upper third of the face and improving the overall facial aesthetic appearance. It is erroneously believed that transcutaneous browlift procedures cause visible scars. Direct brow lift requires accurate planning, preservation of subcutaneous volume, limited undermining. When these requirements are fulfilled, the authors have found that direct brow lift does not leave a visible scar and is the easiest, most accurate and reliable procedure for brow shaping. No patients complained about scars which were visible in just one case. The direct browlift surgery is an easy and minimally invasive technique safe and effective for the appropriate patient.

**AS003**

**Upper Blepharoplasty; When and How to Reposition a Lacrimal Gland Prolapse**

**Mohsen B Kashkouli**

1 Eye Research Center, Rassoul Akram Hospital, Iran University of Medical Sciences, Tehran, Iran

2:32 PM - 2:38 PM

**Objectives.** To demonstrate signs suggesting lacrimal gland prolapse (LGP) and technique for its reposition during upper blepharoplasty procedure.

**Methods.** Subjects who were seeking for upper blepharoplasty with and without eyebrow/forehead lifting were preoperatively examined for any sign of LGP. The eyelid was then everted to observe the down displacement of the LG. Intraoperatively, LG was dissected from the pre-aponeurotic fat pad and levator muscle and its anterior part was repositioned into the periosteum of the lacrimal fossa. Sub-cutaneous tension relieving sutures were used to approximate the wound at the lateral third of incision and skin was closed.

**Results.** Bulging of LG and double eyelid crease/fold are the presenting signs of LGP. LGP presents itself more clear on supine rather than upright position. Repositioning the LG during upper blepharoplasty procedure help have a smoother lateral eyelid and no hooding after upper blepharoplasty procedure.

**Conclusion.** A good preoperative eyelid examination to detect the LGP and proper surgical technique in repositioning the LG are crucial for any surgeon dealing with upper blepharoplasty procedures.

**AS004**

**Periocular Applications with Plasma Exeresis Technology: Is It Worth Adding to Our Oculoplastic Practice?**

**Altug Cetinkaya**

1 Dunyagoz Ankara Hastanesi, Ankara, Turkey

2:38 PM - 2:44 PM

**Objectives.** Plasma Exeresis is gaining popularity among non-surgeon physicians, however Pubmed search reveals no clinical studies on indications or outcomes of this intervention for eyelid conditions. This study aims
to provide the first clinical report on the use of Plasma Exeresis for various oculoplastic conditions to analyze whether this technique may be a viable option in the oculoplastic practice.

**Methods.**— All cases treated with Plasma Exeresis between November 2017 and May 2018 were investigated. Patient demographics, indications for treatment, outcomes, crusting and edema duration, complications and patient/physician satisfaction were analysed.

**Results.**— A total of 43 patients were treated during the study period: 15 for eyelid masses, 13 for non-surgical blepharoplasties, 8 for asymmetric eyelid skin and/or crease adjustments or management of lower eyelid wrinkles after previous surgeries, 4 for lower eyelid skin tightening in combination to tear trough fillers, and 3 for skin rejuvenation during transconjunctival lower lid blepharoplasties. Wide field treatments resulted in an average of 7 days of crusting and 3 days of edema. Only complication was erythema longer than 2 months in the lower lids in 2 patients who did not use UV-blocking agents as recommended. The most satisfied group of patients were the ones with eyelid masses, and the revision cases after initial surgeries. The least satisfied group included non-surgical blepharoplasty group, almost half requiring a second session.

**Conclusions.**— Plasma Exeresis is an easy, fast and bloodless treatment which appeals to many patients for not requiring operative room setting, an incision or perioperative blood, stitches and post-surgical ecchymosis. It is very useful especially in the management of marginal eyelid masses, crow’s feet, wrinkles and for postoperative minor extra skin and eyelid crease revisions, however despite very careful patient selection, it does not seem to provide similar satisfaction for non-surgical blepharoplasty cases in a single session.

**AS005**

**Comparison of Vision-Related Quality of Life in Nonsurgical Upper Blepharoplasty and Surgical Upper Blepharoplasty**

**Arife Esra Kocakaya**, Erdem Eriş

1Gozakademi Eye Hospital, Department of Ophthalmology, Denizli, Turkey, 2Beyoğlu Eye Research and Training Hospital, Istanbul, Turkey

2:44 PM - 2:50 PM

**Introduction.**— Plexr is a hand operated device that transfers heat to the treated skin tissues. It could use different voltages. Plexr uses plasma energy with heating a gas or subjecting it to a strong electromagnetic field applied with a laser or microwave generator. We used plasma energy as a non-invasive upper blepharoplasty method. In this study we aimed to compare quality of life in patients with nonsurgical upper blepharoplasty and surgical upper blepharoplasty.

**Methods.**— Patients were divided into two groups of nonsurgical upper blepharoplasty or surgical upper blepharoplasty. Patients included 50 who underwent nonsurgical upper blepharoplasty, 50 who underwent surgical upper blepharoplasty. We used plasma energy as a noninvasive upper blepharoplasty. The mean age of the patients was 32.9 years (range 24 to 54 years). Mean postoperative follow-up was 6 months. The national eye institute visual function questionnaire (NEI-VFQ-9) was administered. In follow up period initial, post op in first week, first month and sixth month all patients underwent full ophthalmic examination and patient satisfaction assessment with quality of life survey (QLS).

**Results.**— In group 1, mean QLS in initial, first week, first month, sixth month visits were 27.3 ± 3.15, 20.84 ± 1.69, 32.74 ± 1.61 and 42.5 ± 3.17.

In group 2, mean QLS in initial, first week, first month, sixth month visits were 27.9 ± 3.02, 20.75 ± 1.92, 33.02 ± 1.92 and 43.85 ± 3.61.

**Conclusion.**— Our study showed that two treatment methods had nearly equally results. And we found patients had nearly equal pleasured in both groups according to quality of life questionnaire.
**AS007**

**Periocular Appearance of Cosmetics and Fillers on Magnetic Resonance Imaging**

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2:56 PM - 3:02 PM

**Objectives.**– To illustrate the signs and artefacts of cosmetics and aesthetic fillers on MRI of the face and orbit and encourage clinicians to consider aesthetic treatments as a differential for unexplained pathology. To demonstrate why clinicians should advise patients not to wear mascara during orbital magnetic resonance imaging in order to reduce avoidable artefacts that may impact interpretation.

**Methods.**– We present two cases where occult presence of periocular aesthetic products made interpretation of MRI scans challenging. Both young women, the first patient was investigated for proptosis and suspected thyroid eye disease; her orbital MRI images were distorted by artefact from ferrous particulates within her mascara. The second woman was investigated for recurrent swollen eyelids; STIR imaging revealed high signal extending from her cheeks to infraorbital rims and masseters. She subsequently confirmed she had facial fillers of an unknown brand some years previously.

**Results.**– Metallic particles, particularly in iron oxide, within mascara cause a paramagnetic effect, altering the local magnetic field of tissues, causing distortion or artefact on MRI that can mimic pathology. Similar effects have been reported with compounds in other cosmetics or pigments used to create eyeliner tattoos. Facial fillers produce different intensity patterns on MRI depending on composition, and granulomatous reaction to fillers may enhance with gadolinium contrast.

**Conclusions.**– Cosmetics such as mascara are in widespread use. Semi-permanent and permanent cosmetic procedures, including eyelid tattooing, eyebrow tattooing and cosmetic fillers are largely unregulated in the UK but thought to be increasing in prevalence. Not all patients disclose cosmetic procedures when discussing medical issues; as such clinicians need to have a high index of suspicion when interpreting images in order to distinguish fillers and artefacts from true pathologies. We remind clinicians requesting magnetic resonance imaging of the orbits to advise patients not to wear mascara to prevent avoidable artefacts.

**AS008**

**Minimal Incisions Vertical Endoscopic Lifting (MIVEL) for the Management of Lateral Canthal and Lower Eyelid Malposition**

Francesco Bernardini¹, Brent Skippen, Alessandra Zambelli

¹Oculoplastica Bernardini, Genova and Milano, Italy

3:02 PM - 3:08 PM

**Introduction.**– The purpose of this article is to describe the necessary steps to correct both primary and post-blepharoplasty lateral canthal and lower eyelid malpositions at the time of endoscopic face lifting.

**Materials and Methods.**– Retrospective, single centre study including 63 consecutive patients who underwent MIVEL (minimal incisions vertical endoscopic lifting) for management of both primary and post-blepharoplasty lateral canthal and lower eyelid malpositions. The surgical technique is described in detail.

**Results.**– Mean patient age in the study group was 54; 94% of the patients were female and minimum follow-up time was 9.6 months, with average follow-up of 13.2 months. All patients underwent MIVEL for aesthetic rejuvenation of the periocular aesthetic unit in the previous two years. 24 female patients had primary involutional changes of the lower eyelid and lateral canthus, 10 patients (6 female and four male) had post-blepharoplasty lower eyelid and lateral canthal malposition and 29 female patients with no lower eyelid or lateral canthal malposition formed the control group. Overall subjective satisfaction was high in 92% of patients and there were no long term side effects or complications in this series.

**Discussion.**– Endoscopic surgery is traditionally considered only for brow and forehead lifting. However in our practice we have successfully expanded the indications of the MIVEL technique from being primarily indicated for forehead/brow elevation to also treating both primary and secondary lower eyelid and lateral canthal malpositions. This has eliminated the need for direct lateral canthal manipulation in primary cases and any need for open canthoplaspy and posterior spacers in secondary cases.
**The Lacrijet: A New Device in the Treatment of Tearing in Infants**

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¹University of Lyon, France, ²University of Philadelphia, USA, ³University of Paris, USA

4:00 PM - 4:06 PM

**Introduction.**– We present a new technique using a new device (the Lacrijet) in the treatment of lacrimal tearing in infants, using a pre-loaded instrument designed for a “pushed” monocanalicular nasolacrimal intubation procedure.

**Methods.**– The Lacrijet is a pre-loaded Monoka™ silicone tube attached at right angle to the punctal plug which is contained entirely inside a metallic introducer connected to a piston. The procedure begins with intubation of the nasolacrimal duct with the metallic introducer of the handpiece. Traction on the piston retracts the metallic introducer inside the handpiece. This relative shortening progressively ejects the stent, starting with its free end at the bottom of the introducer. 37 preloaded Monoka™ stents were placed consecutively, involving 37 nasolacrimal duct intubations in 25 children (37 sides). The procedures were performed in 2 centers (Paris and Lyon) between October 2016 and April 2018. The mean age was 2.8 years (range from 1.2 to 13.3 years).

**Results.**– The overall success rate was 90.6% (29/32). The mean follow up was 17 weeks, range from 8 to 53 weeks. The main difficulties encountered were:
- At the end of nasolacrimal duct intubation, access to the lacrimal punctum was problematic in 4 cases.
- At the beginning of stent placement, premature ejection of the punctal plug within the end of the introducer occurred in 6 cases.
- At the end of insertion, retention of the punctal plug in the introducer occurred in 6 cases.
- At the end of insertion, retention of the punctal plug in the introducer occurred in 6 cases.

**Complications.**– No cases of intraoperative or postoperative epistaxis were observed in this series. We observed 7 loss, 6 extrusions and 1 migration of the silicone tube.

**Conclusions.**– This new method of treating congenital nasolacrimal ducts obstructions in children seem to be very encouraging. The Lacrijet’s design’s modification will improve the reproducibility and reliability of the technique, thus reducing strongly the encountered side effects.

**The Association Between Gastroesophageal Reflux and Primary Acquired Nasolacrimal Duct Obstruction**

*John Harvey¹, Ahsen Hussain¹, Sonul Mehta¹*

¹McMaster University, Hamilton, Ontario, Canada

4:06 PM - 4:12 PM

Authors have postulated that there might be an association between Primary Acquired Nasolacrimal Duct Obstruction (PANDO) and gastro-esophageal reflux (GERD). We have carried out a controlled randomized prospective trial and have shown a statistically significant association between these 2 conditions. Furthermore, we have shown an association with GERD and failed DCR (dacryocystorhinostomy) surgery.

**A Retrospective Study of Patients with First-Onset Dacryocystitis**

*Karl Engelsberg¹*

¹Skane University Hospital, Lund, Sweden

4:12 PM - 4:18 PM

**Introduction.**– Dacryocystitis is a common disease at the ophthalmic emergency room. A lot of studies have been done concerning the different surgical options and their results. However, there is a lack of knowledge about the prognosis after a first-onset dacryocystitis. We were interested to investigate the prognosis after a first-onset dacryocystitis. Do all patients with a first-onset dacryocystitis need an operation and what operation is to be expected?

**Methods.**– 52 Patients with first-onset dacryocystitis occurring during the years 2010-2013 were retrospectively followed for three years after their episode of dacryocystitis. Factors studied were: age at the onset of dacryocystitis, gender, choice of antibiotic, epiphora, recurrence of dacryocystitis, surgery and choice of operation.

**Results.**– The average age of the patients when they got their first-onset dacryocystitis was 51.6 years. 73.1% were women and 26.9 men. All patients were given oral antibiotics and the most common used was Flucloxacinil.18 (34.6%) of the patients were operated. DCR was the most common (50%) surgical procedure. Probing and intubation were performed in 7 patients (39%). 2 patients (11%) were operated with dacryocystectomy. One patient was reoperated.

**Conclusion.**– First-onset Dacryocystitis is effectively treated with antibiotics and after it settles no surgery is needed in the majority of patients. The most common surgical procedure was DCR.
LS004

Comparing Postoperative Infection Rate After Dacryocystorhinostomy with and without the Use of Systemic Antibiotic Prophylaxis

Li Jiang¹, Jeremy Bowyer¹
¹University Hospital North Midlands, Stoke-on-Trent, UK
4:18 PM - 4:24 PM

Purpose.– Currently there is no clear consensus on the use of post-operative systemic oral antibiotic prophylaxis following external dacryocystorhinostomy (DCR). We aim to compare the postoperative infection rate retrospectively with and prospectively without routine post-operative systemic antibiotics.

Methods.– Retrospective review of case notes of 112 cases of consecutive external DCR procedures between January 2013 to February 2018 performed by the senior author at a single centre. All cases received intra-operative intravenous antibiotics (1.2 gram Co-amoxiclav intraoperatively and topical Maxitrol eye drops (dexamethasone 0.1%, neomycin 3.5 mg and polymyxin B sulphate 10,000 units) in a reducing course postoperatively. Group 1: 83 cases received post-operative oral antibiotic (Co-amoxiclav 375 mg three times a day for 5 days). Group 2: 29 patients received no systemic oral antibiotics on discharge.

Results.– Both groups reported no superficial wound infection or dacryocystitis (p=0.000135). Rate of epistaxis or secondary haemorrhage was 2 (4.4%) and 1 (3.6%) for Group 1 and Group 2 respectively. Success rates by anatomical patency (on syringing), physiological patency (positive fluoroscein dye test on nasal endoscopy) and symptomatic relief were comparable between the two groups (p=0.00222). All 12 patients in Group 2 presenting with recurrent dacryocystitis or mucoceles had complete success with no complications. Patients with common canalicular pathology reported less favourable success rates (66.7%).

Conclusions.– There is no significant difference between each group in post-operative infection rate, secondary haemorrhage and surgical success rate. Our practice of withholding post-operative systemic antibiotics prophylaxis has not resulted in any complications and we observe good and comparable symptomatic, physiological and anatomical success rates. Post-operative systemic antibiotic prophylaxis may still be warranted in selected high risk cases. These results though suggest that routine use of postoperative systemic antibiotic prophylaxis in uncomplicated primary external DCR is not justified in our practice.

LS005

Is Antibiotic Prophylaxis in Transcanalicular Laser Dacryocystorhinostinosis Really Necessary?

Ana Marta¹, Nisa Silva¹, Vânia Lages¹, António Friande¹, Maria Araújo¹
¹Centro Hospitalar Porto, Oporto, Portugal
4:24 PM - 4:30 PM

Objective.– Transcanalicular laser dacryocystorhinostomy (TLDCR) is a minimally invasive surgery. Postoperative use of prophylactic antibiotics is controversial. According to World Health Organization, antibiotic resistance is growing, with an incorrect use accelerating the phenomenon and compromising treatment of infections. The purpose was to analyze the use of antibiotic prophylaxis after TLDCR in patients without signs of infection during the procedure.

Methods.– A retrospective study of post-surgical infections in patients with epiphora submitted to TLDCR in a central hospital, from January 2014 to April 2018 was performed and statistically analyzed. Target population was characterized by sex, age, symptoms and signs before surgery, history of previous infections, antibiotic prophylaxis, infectious post-surgical complications and end of follow-up. Patients with follow-up, lesser than one month or medicated with intravenous antibiotic during surgery by purulent secretions in nasolachrymal ducts were excluded.

Results.– This study included 104 eyes, 49% right and 51% left. Women had a higher rate of surgery (68% vs 32%). The mean age was 64.2±12.2 years. The end of follow-up was spread evenly (32.7% 1-3 months, 35.6% 3-6 months and 31.7% >6 months). 30 eyes were infected (red eye and discharge) and 74 non-infected after surgery. Previous infections were observed in 22 eyes (21%), but weren't associated with a more infections after surgery (p>0.01). Most patients (61%) didn’t do antibiotic prophylaxis, 20% did topical and 19% did both oral and topical. These 3 groups of patients had similar infection and failure rate after surgery (p>0.01), but infections manifested earlier in patients without antibiotic prophylaxis than in patients who did (p<0.01). The follow-up was longer and surgical failure was higher in the group of patients with post-surgical infection (p<0.01).

Conclusions.– This study indicates the limited action of antibiotic prophylaxis in the prevention of infections after TLDCR without differences in infection rate, follow-up or failure rate.

LS006

Our Conception of Lacrimal Stents Using in Endonasal Endoscopic Dacryocystorhinostomy

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¹The Research Institute of Eye Diseases, Moscow, Russia
4:30 PM - 4:36 PM
Introduction.—The problem of the necessity of insertion of lacrimal stents after endoscopic endonasal dacryocystorhinostomy (eDCR) is still unsolved. The purpose of this study was to determine the indications for lacrimal stents using after eDCR.

Methods.—We have followed 116 patients (126 cases) with acquired nasolacrimal duct obstruction. The patients underwent eDCR using modified techniques: Group 1 (26 patients, 31 cases) – eDCR with plastic ostium creation; Group 2 (31 patients, 33 cases) – eDCR with removal of lacrimal mucosal flaps; Group 3 (29 patients, 32 cases) – eDCR with bicanalicular lacrimal stenting; Group 4 (30 patients, 30 cases) – eDCR with both plastic ostium creation and bicanalicular lacrimal stenting. All four groups were comparable by age and gender distribution, as well as by anatomical criteria. The follow-up period was 12 months after surgery. The results were assessed as positive in case of “recovery” or “improvement” and as negative in case of “recurrence” of the disease.

Results.—The best results were obtained in Groups 1 (70.9% «recovery», 19.4% «improvement», 9.7% «recurrence») and 4 (73.3% «recovery», 16.7% «improvement», 10.0% «recurrence»); these indices were significantly higher in comparison with Groups 2 (39.4% «recovery», 30.3% «improvement», 30.3% «recurrence») and 3 (46.9% «recovery», 43.7% «improvement», 9.4% «recurrence») (p<0.05).

Conclusion.—The effectiveness of eDCR with plastic ostium creation is higher than with the removal of lacrimal mucosal flaps. The use of lacrimal stents in eDCR with the removal of mucosal flaps decreases the rate of postoperative recurrence – 30.3% in Group 2 and 9.4% in Group 3. However the use of lacrimal stents during eDCR with plastic ostium creation does not increase the effectiveness of the operation.

LS007
Mitomycin C in Dacryocystorhinostomy: Problems and Solutions
Vasily Yartsev1, Anna Root1
1Scientific Research Institute Of Eye Diseases, Moscow, Russia
4:36 PM - 4:42 PM

Introduction.—Despite surgery technique development, current dacryocystorhinostomy (DCR) recurrence rate reaches 20%. Antifibrotic treatment may play a beneficial role in increasing surgical success rate.

Methods.—Group I included 42 patients (48 cases) who underwent endoscopic DCR with injection of mitomycin C (MMC) into the nasal mucous lining and the lacrimal sac wall. Group II comprised 43 patients (49 cases) with MMC applications during the endoscopic DCR. Patients in Group III (45 patients, 51 cases) underwent a standard procedure DCR. Mucous lining biopsy of the operation site for histological examination was performed in 16 cases in Group I, 15 cases in Group II, 18 cases in Group III, on days 2, 5, 7, 10, 14, 21, 28, and 60. We performed high-performance liquid chromatography-mass spectrometry to measure MMC concentration at the injection/application site in groups I (32 cases) and II (34 cases). Clinical effect was assessed in 8 months.

Results.—Histological examination revealed that patients in Group I showed signs of collagen genesis slowdown due to collagenous extracellular matrix formation inhibition, mitosis abortion and fibroblast transformation suppression, all of which were not present in patients of Groups II and III. MMC concentration at the injection site in Group I patients equaled 385±10 µg/g right after the procedure, 123±19 µg/g 30 minutes after and non-present the next day. MMC levels in Group II patients at corresponding timepoints were 0,626 ±0,176 µg/g, 0,23±0,06 µg/g and also non-present. High clinical efficiency was 93.8% of cases in Group I, 87.8% in Group II and 82.4% in Group III.

Conclusion.—MMC injection into the nasal mucous lining and the lacrimal sac wall is a useful procedure for endoscopic DCR efficiency enhancement. MMC applications show a low efficacy since they are not sufficient to reach a required cytostatic concentration in tissues.

LS008
Are We Ready for LAWS (Local Anesthesia Without Sedation) for External Dacryocystorhinostomy?
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1University Hospitals Leuven, Leuven, Belgium
4:42 PM - 4:48 PM

Introduction.—While local anesthesia has been proven to be effective in dacryocystorhinostomy (DCR), most patients receive sedation during the procedure. Pain experienced during DCR under local anesthesia without sedation (LAWS) has not been investigated.

Aim.—To study subjective pain in patients undergoing DCR with LAWS.

Methods.—Prospective data collection from all patients who underwent external DCR with LAWS performed at the single academic center by the same surgeon between January 2016 and January 2018. LAWS consisted of an infraorbital and infratrochlear nerve block, local infiltration of the incision site with 2% lidocaine with 1:100 000 epinephrine, and intranasal lidocaine/co-caine-soaked packs. Using a verbal numeric rating scale (vNRS), pain was scored during 3 stages of the procedure: injection, osteostomy, and creation of the flaps. The global pain score, i.e. vNRS and visual analogue scale (VAS) of the entire procedure, was measured in the immediate postoperative period.

Results.—58 patients (47 women, 11 men) with a mean age of 67 years old (range, 38-97; median, 65), underwent DCR with LAWS (44 unilaterally and 14 bilaterally,
of whom only the first surgical site was included), 19% of patients had previously undergone unsuccessful DCR. The mean duration of surgery was 22 minutes (range, 12-44). The added mean vNRS score of the 3 stages was 7.69 (range 0-16) with the highest score measured at the stage of the injection (mean, 3.59; range 0-7.5). The global mean pain score was measured with vNRS (range 0-8) and 2.36 with VAS (range 0-6.6). Pain did not statistically differ between men and women and did not correlate to the duration of the surgery. At mean follow-up of 5 months, the lacrimal system was patent in 78% of cases.

Conclusions.– In selected patients, DCR under LAWS is a well-tolerated procedure, with the experienced pain mainly related to the anesthetic injection.

LS009
Dacryocystorhinostomy and (Wegener’s) Granulomatosis with Polyangiitis: Experiences of a Tertiary Referral Centre
Peter Glasman1,2, Faizan Mehmood2, Mansha See-woodharry2, Antonella Berry-Brincat2, Joyce Burns2, Raghavan Sampath2
1Manchester Royal Eye Hospital, Manchester, United Kingdom, 2Leicester Royal Infirmary, Leicester, United Kingdom
4:48 PM - 4:54 PM

Objectives.– The treatment of patients with Granulomatosis with Polyangiitis (GPA, formerly known as Wege- ner’s granulomatosis) and nasolacrimal duct obstruction represents a challenge in view of the co-existing systemic vasculitis which, even if quiescent, may pre-dispose to complications or failure. Since there is no consensus on the best approach to management, this study aims to better inform clinical decision making for these patients.

Methods.– A retrospective case review. Records were examined, noting clinical features and prior treatment, disease course, salient biochemical values and the timing of surgery in relation to disease activity, as well as follow up. Dacryocystorhinostomy (DCR) was performed by three surgeons using standard technique and placement of silicone stents which were left in situ for six weeks. Topical postoperative steroids were prescribed for one month.

Results.– We report five patients who underwent nine DCRs. Seven DCRs were performed externally and two via the endonasal approach. All patients were treated with either rituximab or azathioprine for GPA. Six out of nine procedures (66%) were successful with a minimum of one year follow up. Three of the five patients (60%) required re-do procedures, one of which had multiple procedures for fistula formation.

Conclusions.– Our experience suggests surgery is a viable option but patients must be adequately immuno-suppressed and appropriately counselled before proceeding, since complications are more likely. Both external and endonasal approaches resulted in successful surgery amongst our cohort.

LS010
Outcomes of Application of TCL-DCR ECLAD and EEDCR Methods in Georgia
Eliso Bregvadze1
1New Hospitals, Tbilisi, Georgia
4:54 PM - 5:00 PM

Objective.– To compare two endoscopic DCR techniques: TCL-DCR ECLAD and EEDCR performed in Georgia and to analyze success rate, post-operative state, and recovery time for each method.

Methods.– We have operated 130 patients of all age groups with EEDCR method over the course of 19 months and 350 patients of all age groups with ECLAD method (with 980 mm diode laser and 360 micron optic fibers) over the 48 months period. All the patients were operated under general anesthesia, syringing of naso-lacrimal duct with betadine and 0.04% 0.1 mg. Injection of mitomycin C around the sac was performed immediately after the surgery. As the last step, in case of EEDCR we inserted a bicanalicular silicon stent, whereas in case of ECLAD, we have used monocanalicular silicone stent intubation from upper punctum. All of the EEDCR procedures were observed with 0 degree Karl Stortz endonasal endoscope and camera. For the group of EEDCR follow-up period was 17 months, for ECLAD group follow-up period was 48 months.

Results.– Application of ECLAD over four years yielded in 99.5% success rate. Out of 350 procedures performed only five resulted in minor complications – two (0.57%) with epiphora and three (0.86%) with granulation tissue, easily corrected under endoscope by removing crust, granulation tissue. The average ECLAD procedure took 7-10 minutes. Syringing with mitomycin C was performed lower punctum once a week during two months. In the case of EEDCR we inserted a bicanalicular silicon stent, whereas in case of ECLAD, we have used monocanalicular silicone stent intubation from upper punctum. All of the EEDCR procedures were observed with 0 degree Karl Stortz endonasal endoscope and camera. For the group of EEDCR follow-up period was 17 months, for ECLAD group follow-up period was 48 months.

Conclusions.– ECLAD and EEDCR methods application in Georgia demonstrates that both are minimally invasive, atraumatic procedures with minimum complications or side effects. There is no post-operative bleeding and scars and patient recovery time is short in both. The success rate of both methods is close to 100%.

LS011
Lester-Jones Tubes: A Novel Technique for Cleaning And Maintenance
Elizabeth Hawkes1, Andrew Pearson1
1Royal Berkshire NHS Foundation Trust, Reading, UK
5:00 PM - 5:06 PM
Purpose.– Lester Jones (LJ) tubes are frequently used in the context of canalicular scarring and failure of primary dacryocystorhinostomy surgery. Due to the deposition of tear salts or mucus crusting resulting in obstruction, patient maintenance and annual specialist oculoplastic clinic appointments are required. We describe a novel approach to clean a LJ tube.

Methods.– Using a readily available over-the-counter brush with the identical diameter and length of a LJ tube. Brush dynamics were tested ex vivo to ensure a snug but non-sticking fit that did not require excessive force to enter the tube. We have trialled cleaning of the tube using the brush in patients in the oculoplastic clinic at the Royal Berkshire NHS Foundation Trust, Reading, UK. All patients received topical anaesthetic and counter traction was applied to the tube using non-toothed forceps to allow brush entry and provide stability.

Results.– Cleaning with the new brush was well tolerated with no discomfort during the procedure. There were no incidents of LJ tube damage, migration or brush snapping within the LJ tube. We employed a direct visualisation technique using a rigid nasal endoscope in the clinic to see the distal portion of the tube during the cleaning procedure. We illustrate with photographs the successful dislodging of a mucus crust, which could be easily missed using conventional techniques.

Conclusion.– We have described a novel, practical and easily adoptable technique for efficiently cleaning LJ tubes. Distal tube mucus obstructions are easily tackled with the brush, whereas they could easily remain following conventional techniques leading to the build-up of biofilm and potential inflammation and infection. This has direct consequences on the long-term success of LJ tube patency and patient satisfaction.

RF009
Free Overlapped Grafts Technique for Inferior Eyelid and External Cantus Reconstruction
Constantin Grigoraș1,2,3
1“St.Spiridon” Hospital, Iassy, Romania, 2Sanoptic Clinic, Iassy, România, 3“Providența” Hospital, Iassy, România
9:03 AM - 9:06 AM

Purpose.– to demonstrate that free tarsococonjunctival and myocutaneous grafts have a good survival rate when used together in overlapped technique to reconstruct inferior eyelid and external cantus defects.

Method.– the prospective study enrols 82 patients with subtotal or total inferior eyelid defects with or without external cantus involvement, resulted from trauma or tumor excision, who underwent reconstruction between march 2013 and may 2018.

Results.– The posterior and anterior lamelae were reconstructed separately with free tarsococonjunctival and myocutaneous grafts respectively, which were harvested from the homologous superior eyelid. The free grafts were applied in an overlapped manner to repair the defect. After 3 to 5 days from the intervention, all the tarsococonjunctival grafts were fully vascularised. The most of the myocutaneous grafts survived, with full vascularisation after 7 to 10 days from the reconstruction. In six cases the myocutaneous grafts underwent necrosis and this resulted from ischemia or poor hygiene. After removing this grafts we used myocutaneous flaps to cover the tarsococonjunctival viable grafts beneath and correct the defect. The risk factors for graft failure that resulted from our study are poor periocular hygiene and uncontrolled diabetes mellitus.

Conclusion.– Free overlapped grafts technique offer an excellent alternative for inferior eyelid and external cantus reconstruction.
RF010

Kaposi Sarcoma of the Caruncle in an HIV Negative Patient

Mihnea-Ilie Vulpe1, Naja Chisty2,3, Dan Georgescu1,2
1Oculoplastic Institute, Bucharest, Romania, 2Nova Southeastern University, Miami, USA, 3Larkin Community Hospital, Miami, USA

Objectives.– To describe a unique case of Kaposi sarcoma of the caruncle in an HIV negative, HHV8 positive patient.

Methods.– Retrospective chart review.

Results.– A 68 year old woman of African descent presented with a rapidly growing mass in the inner corner of the right eye that started one month prior. There was no history of trauma or prior eye surgery. The patient had a Kaposi sarcoma removed from the right side of the neck 4 months prior without recurrence. HIV testing performed at that time was negative. The patient also suffered from chronic asthma and was using Advair (Fluticasone/Salmeterol) twice daily.

Examination showed an ulcerated, highly vascularized right caruncular lesion that was excised in the office under local anesthesia. Pathology analysis showed ulcerated Kaposi sarcoma, near-completely excised with one positive margin. The tumor cells were HHV8 positive, CD31 positive, S100 negative and Desmin negative. No recurrence was observed up to 8 months from surgery.

Conclusions.– Kaposi sarcoma associated with HHV8 in HIV negative patients living in Equatorial Africa is called “Endemic KS” or “African KS” and is thought to be associated with a weakened immune system from malnutrition, chronic infections and malaria. The Endemic KS tends to affect younger people, in the their 40s. This is the first reported case of Kaposi sarcoma of the caruncle in an HIV negative, HHV8 positive patient of African descent on chronic steroid inhalers living in the US. It is possible that the combination of HHV8 positivity and chronic steroid use were responsible for the Kaposi sarcoma lesions found in our patient. With proper asthma treatment adjustment, no recurrence of the neck and right caruncle Kaposi sarcoma lesions was seen at the last postoperative visit, 12 and 8 months later, respectively. There were no new lesions detected.

RF011

Retroauricular Myoperiosteal Graft for Exposed Orbital Implant Coverage

Johana Catalina Arboleda1, Maria Encarnacion Correa1, Luz Maria Vásquez1, Maria Vittoria Cicinelli2, Juan Carlos Sanchez1, Alejandra Tapia1, Ramon Medel1
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Objectives.– To report the ingravescent eyelid ulceration as first manifestation of type A lymphomatoid papulosis (LP) in a young man.

Methods.– Case report.

Results.– A 37-year-old man presented with a growing up, ulcerated lesion of the lateral third of the left upper eyelid. The lesion was previously treated with oral antibiotic and topical steroid during three weeks, without any clinical response. Ocular examination showed an indurated and ulcerated lesion with pearled edges and telangiectasias, that measured 23 x 11 mm. It was asso-
Intraoperative Customized Prosthesis as a New Method for Early Rehabilitation of Patients with Contracted Sockets
Amr Awara1, Osama Shalaby1
1Tanta University, Faculty of Medicine, Tanta, Egypt
9:15 AM - 9:18 AM

Contracted socket surgery may be carried out in stages with lengthy period of time without an ocular prosthesis. Such period can have profound effects on patients’ behavior.

Aim.- To allow early rehabilitation of patients with different grades of contracted socket and creation of an adequate socket that safely retains a customized prosthesis with good cosmetic appearance.

Patients & Methods.- Prospective randomized controlled study included 40 patients with moderately to severely contracted sockets. After correction of volume and surface defects (by oral mucous membrane graft or dermis fat graft according to the severity of the condition) each patient was randomly assigned to one of 2 groups: Group A, 20 cases where a custom made artificial prosthesis was previously prepared matching the other eye, its size re-adjusted intraoperative according to socket surface area, drilled by 4 holes to enable its fixation by two double armed polypropylene 4/0 sutures to the upper and lower orbital margin , Group B, 20 cases treated by traditional clear shell conformer for the early postoperative period before final adaptation of the cosmetic shell. All cases were followed up for 12 months postoperatively, early by quality of life and satisfaction questionnaire, aesthetic appearance and late for socket re-contraction.

Results.- Patients in group A had significant early rehabilitation (2-3 weeks) and satisfaction more than group B. However being the prosthesis fixed, short-term care wasn’t a problem with easy handled few complications (slightly shifted prosthesis from the center 10%, subcutaneous granuloma related to embedded suture 5%). Higher percentage of patients suffered late socket re-contraction in group B, 30%, than in group A, 15%.

Conclusion.- Intraoperative customized prosthesis with periostal fixation provides rapid cosmetic rehabilitation with anatomic results better than clear shell conformer. It acts as a pressure conformer deepening the fornices with less possibility for re-contraction especially in severely contracted sockets.

Reconstruction of the Mucosa, Bone and Skin Defect Developed at the Incision Site Following External Dacryocystorhinostomy with Bilobed Flap Technique in a Patient with Rheumatoid Arthritis
Mehmet Serhat Mangan1, Ceyhun Arici2, Pelin Kaynak2
1Health Sciences University, Okmeydani Education and Research Hospital, Istanbul, Turkey, 2Istanbul University, Cerrahpasa School of Medicine, Istanbul, Turkey, 3Rufus Laser and Ophthalmic Surgery Center, Istanbul, Turkey
9:18 AM - 9:21 AM

Rheumatoid arthritis may affects tissue healing. Here, mucosa, bone and skin defect at the incision site after external dacryocystorhinostomy (Ext-DCR) surgery was diagnosed and treated. 71 years-old female patient who underwent Ext-DCR surgery 3 years ago. She applied to hospital with hole in the skin located lacrimal sac area. Post-operatively she had a defect in incision site which is 8x4 mm. Primer resuturation was applied for 3 times to the insicion area which has never healed. We decided to use bilobed flap technique for treatment which is for its usefulness to cover a defect. We have planned surgery under elective conditions. Interestingly, one day before the surgery, she said she has lost vision of her left eye for two days. Her left vision was hand motion. On biomicroscopy examination, 1-2 mm area of the cornea was perforated. Seidel test was positive. Operation procedure changed from electivity to the emergency. First step, we treated the corneal perforation area with cyanoacrylate tissue adhesive. Second step was defect reconstruction withobilod flap from nasal area. Post-surgery first week; vision increased to 0.7, seidel test was negative and flap’s perfusion was very well. Topical and oral cyclosporin treatment have given to the patient who has already used leflunomide.
Post Ptosis Repair Change in Lower Eyelid Retraction in Unilateral Myogenic and Aponeurotic Blepharoptosis

Abtin Heiratiasbagh1, Mohsen B Kashkouli1, Yasaman Hadi1, Parya Abdolalizadeh1, Anahita Amirsardari1, Mahya Ghazizadeh1

1Eye Research Center, Rassoul Akram Hospital, Iran University of Medical Sciences, Tehran, Iran

Objectives.— To compare associated lower lid retraction (LLR) with control fellow eyelid in patients with unilateral myogenic (MP) and aponeurotic (AP) ptosis before and after the ptosis repair and analyze factors affecting them.

Methods.— Patients of >5 years old were included from June 2015 to April 2017. Other types of ptosis, associated strabismus and previous eyelid surgery were excluded. Eyelid examination, lower lid margin reflex distance (MRD2), and photography were performed before and at least 6 months after ptosis repair. MRD2 of >0.5mm from the control eyelid was considered as LLR. All procedures (levator resection) were performed by or under supervision of one oculo-facial plastic surgeon.

Results.— Seventy-eight cases with MP (58) and AP (20) with mean age of 19.2 (MP) and 49.5 (AP) years and median follow up of 10 months were included. Mean MRD2 was 5.5 mm in MP (5 on the non-ptotic side) and 5.6 in AP (4.8 on the non-ptotic side) (P=NS). LLR was observed in 56.9% (33/58) of MP and 80% (16/20) of AP (P=0.06). Preoperative MRD2 was significantly (P=0.01) and negatively (r=-0.3) correlated with MRD1. Mean MRD2 was significantly (P=0.001) decreased from 5.5 to 5 in the MP and 5.6 to 4.9 mm in the AP group. All MP (33/33) and 80% (15/16) of AP group showed ≥0.5 mm improvement in MRD2 at last follow up (P=NS). No variable was significantly associated with mean post-operative MRD2 as well as its success.

Conclusion.— LLR are commonly associated with both MP and AP in which the more severe the ptosis the higher the LLR. LLR was improved in all MP and majority of AP, postoperatively.
**AS010**

**Treatment of Hyaluronic Acid Complications in the Periorbital Area**

**Renata Migliardi**

1. CLK Policlinico di Monza, Torino, Italy

**Abstract**

**Objectives.**– Hyaluronic Acid (HA) has been used in the periorbital area for over 20 years. Appropriate selection and placement of products helps avoid complications. However, apparent incorrect or excessive placement of product may not always appear so initially and may present as a complication when patients request further repeat or top-up treatments some time later. Our objective is to evaluate HA complications around the eyes and their treatment.

**Materials and Methods.**– We present 17 patients with HA complications related to incorrect or excessive placement in the periorbital area. All were female patients. All patients presented requesting improvement of contour irregularities with a translucent mass under the skin. Eight patients denied having fillers in this area. Four admitted to having received “revitalization” products. The remaining 5 admitted to problems appearing after several HA injection in the periorbital area in all cases at least 3 months after the injection (late complications). One patient had problems 2 years after a second injection after having autoimmune problems. Ecography showing foreign material in all cases. Due to the accumulation without signs of inflammation and/or infection. All patients received Hyaluronidase and reviewed a day-3.

**Results.**– Seven patients required repeat hyaluronidase injection. One patient had changes in skin quality with a depression requiring filler injection to achieve a final good result. All patients had good results that were well seen on the pictures and were documented by ecography. All were very satisfied.

**Conclusion.**– Periorbital HA related over-fill, or prominence can appear late as irregularities or greyish discoloration. It is important to consider and be familiar with the use of hyaluronidase for such cases.

**AS011**

**Orbital and Ocular Ischemic Syndrome with Blindness after Facial Filler Injection**

**Steven Leibowitz**, 1 Danica Fiaschetti, 1 Robert Goldberg, 1 Sathyadeepak Ramesh

1. UCLA, Los Angeles, CA, USA

**Abstract**

A 23-year-old Hispanic man presented to our oculoplastic clinic one week after injection to the face with Juvederm (Allergan, Irvine, CA) and subsequent vision loss. He described his most recent treatment one week prior as injection of a product putatively described as Juvederm, with a needle obliquely onto the dorsum of the nose to elevate the nasal bridge. He reported a “cold” sensation in his face and brow within 5 seconds of this injection, a sudden drooping of the right upper eyelid, and total darkness in his vision without any pain. He was sent to a local emergency department where he was given intravenous fluids, ocular massage, and diagnosed with a central retinal artery occlusion by an ophthalmologist. During his admission, he also developed pustular skin lesions across his brow, nose, and face, and was treated with intravenous steroids and antibiotics without improvement. He presented to our clinic seven days after the injection and vision loss.

At this time, he was noted to have NLP vision with a dull retrobulbar ache, crusted lesions on his forehead and nose, edematous and ptotic eyelid, conjunctival injection and subconjunctival hemorrhage, and anterior chamber hypopyon with a fixed, dilated pupil. Orbital signs included motility impairment in all gazes and 1mm proptosis with moderate resistance to retroproptosis. Sensation in the right V1 distribution was slightly decreased compared to the left side.

He was diagnosed with filler-related vascular occlusion involving the ophthalmic artery. Due to his significant orbital and ocular ischemia, he was treated with 1200U of hyaluronidase. This was diluted into 15cc of normal saline and slowly injected into the orbital apex with a 1½” 25g needle over 2 minutes. A further 600U was diluted into 10cc of normal saline and infiltrated into the skin lesions.

**AS012**

**Management of Unilateral Superior Sulcus Deformity with Dermis-Fat Graft**

**Altug Cetinkaya**

1. Dunyagoz Ankara Hastanesi, Ankara, Turkey

**Abstract**

**Objectives.**– Unilateral superior sulcus deformity poses a significant cosmetic problem. Different methods and techniques were previously described, however permanent management of this deformity is challenging. Successful use of dermis-fat graft for this condition will be demonstrated.

**Methods.**– Upper eyelid blepharoplasty with limited skin excision is followed by horizontal incision of orbicularis muscle. The septum is widely incised and the fat pads are released from their attachments. Dermis-fat graft sized around 30X10X10mm is obtained from the left lower abdomen, transferred to the eyelid dermal side facing up and the graft is shaped to slightly correct the potential space. Superior portion of the graft is then sutured to the superior part of fat capsule and the inferior portion is left to hang in towards the potential space unsutured. The superior skin-orbicularis flap is then draped over the graft to assess the desired volume effect and fat is trimmed further if necessary. Crease reconstruction is then carried out by passing interrupted sutures from upper skin to supratarsal le-
vator aponeurosis to lower skin. Skin incision is closed with running prolene.

Results.– Postoperative antibiotic ointments are used BID for 1 week and skin sutures are removed at 1 week. Hollowness is immediately corrected after surgery and usually settles at 1 month. The postoperative course is not complicated with major adverse events, except for temporary ptosis that may range between 1-3 months.

Conclusions.– Dermis-fat graft technique provides very efficient and safe permanent correction of superior sulcus hollowness without the risk of compromising peri-orbital structures and eyelid functions.

AS013
The Pursuit of Perfection: Lipofilling and Nanolipofilling in Oculoplastic Surgery
Sorinela Roata¹, Michel Tazartes¹²
¹CHNO Des XV XX, Paris, France, ²Necker Hospital, Paris, France
9:54 AM - 10:00 AM

Objective.– Surgical planning in various oculoplastic procedures implies careful thinking about the limitations and anatomical ways of approach of classical techniques: superior and inferior blepharoplasty, ptosis, brow and subperiosteal lifting of the lateral canthus; are they going to fulfill the patient expectations? How to make it better? The lipo and nanolipofilling technique brings an excellent reply to our quest.

Methods.– Between 2013 and 2018 lipo and nanolipofilling techniques were discussed with 33 patients prior to planned surgery in indications such as superior and inferior blepharoplasty, brow ptosis, senile ectropion and facial asymmetry secondary to orbit tumor ablation and orbital fractures. The technique and the quantity to be injected was planned based on clinical examination, photographs included and 3D reconstruction CT in cases of important asymmetry. The technique of liposuction and injection (face, tear trough, orbit, eyelid, brow) are shown in videos and discussed in didactical purposes with pros and cons for every approach.

Results.– We noticed an important improvement of our surgery results when combined with these two techniques. Not only the anatomical restitution is better, but the filling is constant in time and well integrated in the surrounding tissues as it brings adipocytes stem cells who help regenerating the receptor site.

Conclusions.– The lipofilling technique is used more and more to restore the facial volumes lost in aging process or after ablative surgery, especially tumors. Seizing the results years and years after the surgery, we noticed that something more than simple restoration of volumes is happening, like amelioration of skin texture and troficity, representing a real regeneration of the tissues. We emphasize the importance of adding this technique when planning the oculoplastic techniques we propose to our patients, as the results are far more better when done in the same time.

AS014
Management of Complications Following Periorbital Fat Transfer: Towards an Evidence Based Approach
Mohsan Malik¹, Dr. Vivienne Kit¹, Mr Hugo Henderson¹
¹Royal Free London, London, United Kingdom
10:00 AM - 10:06 AM

Introduction.– Tides of ocular rejuvenation have swung towards fat preservation and volume restoration. Autologous fat injections (AFI) have evolved from the described Colman technique, with the advent of nanografting and fat fluid injection; this has been associated with wider use in ophthalmic plastic surgery. The aim of this review is to determine the current reported complications following fat transfer and their management.

Method.– A literature review was performed using PUBMED and EMBASE databases. Expanded search criteria “Lipo* trans*” OR “Fat trans*” was combined with “periocular” OR “eyelid” AND “complication”. Articles were assessed and qualified as per Oxford Centre of Evidence-Based Medicine Levels 1-5 (1 = highest level of evidence).

Results.– 46 articles matched our search criteria. AFI is associated with post-operative surface irregularities immediate and late, often can be managed conservatively. No studies identified rate of adverse events. Several authors advocated use of intra-lesional steroids for persistent lumps, and excision in case of lipogranuloma formation (level 5). Forehead and upper eyelid AFI was associated occlusive disease, with ophthalmic artery occlusion carrying higher risk of stroke and poor visual prognosis (level 4). Eyelid deformity was corrected by lipectomy via transconjunctival approach, and if required blepharoplasty (level 4). In cases of diffuse overcorrection, retroseptal fat was excised (level 4).

Conclusion.– Many articles describe the clinical experiences of senior oculofacial plastic surgeons. We found majority of complications can be managed conservatively. Upper eyelid and brow AFI perhaps carries higher risk of unusual complications. Patients should be informed of intractable swelling, iris colour changes, ptosis, diplopia and loss of vision. Further epidemiology study is warranted to assess the frequency of these events. Micro/ nano-grafting or superficial enhanced fat fluid injection may carry lower risk of serious adverse events. Further randomised control trial is warranted to assess benefit and risk reduction.

AS015
Interest of the Malar Lift in the Management of the Look after a Facial Palsy
Abraham-Paul Ferron¹
¹Oculoplastic Clinic, Bordeaux, France
Simultaneous Aesthetic Eyelid Surgery and Orbital Decompression for Rehabilitation of Thyroid Eye Disease: The One-Stage Approach

Brent Skippen1,2, Alessandra Zambelli3, Benjamin Riesco5, Martin Devoto6, Francesco Bernardini3,4
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Introduction.– The asymmetry caused by the facial palsy is of course a cause of demand for surgery. Facial palsy has significant functional and aesthetic impact.

Aim.– The author describes a technique of malar lift in treatment of the eyelids and midface post facial palsy.

Methods.– A technique for malar and lower eyelid is proposed. The standard subciliary lower eyelid incision is used. Through these incision, a skin flap dissection and a subperiosteal malar dissection are performed. The arcus marginalis is just raised, without being divided, avoiding eyelid retraction. The subperiosteal dissection is continued to the lower edge of the malar bone. The concentric elevation of the malar volume resulting from three suspensions distributed on the lower and lateral rims of the orbit.

Results.– The concentric malar lift is a good technique to optimize the symmetry of the look for patients with after-effects of facial palsy.

Conclusion.– We know the interest of malar lift in the correction of paralytic ectropion. The autor also wants to show the benefit of malar lift in the treatment of paralyzed look.

ES010


Alexandra Manta1, Alastair Porteus1, Anjana Haridas1, Richard Collin1, David Verity1
1Moorfields Eye Hospital, London, United Kingdom

Objectives.– Correction of upper eyelid ptosis is one of the most commonly performed oculoplastic procedures on the NHS but there is currently no data in the literature informing the surgeon of the optimal time for the first postoperative review. Our aim was to investigate how often a complication that warranted intervention occurred in the first 6 weeks after surgery and whether such a complication could have been predicted preoperatively.

Methods.– A retrospective review was performed of 300 operations in 239 patients over a 9-month period at Moorfields Eye Hospital, London. Electronic medical record software was used to extract data regarding the timing of first postoperative review, complications, any return to theatre, and any underlying risk factors or co-morbidities.

Results.– At 1 week 44 % (133) cases were reviewed, 30% (89) at 2 weeks, 17% (50) at 3 weeks, and 9% (28) at 4 or more weeks. The overall complication rate at any time...
ES011
A Combined Approach for the Correction of Long-Existing and Complicated Paralytic Lagophthalmos
Irina Filatova1, Sergey Shemetov1
1Moscow Helmholtz Research Institute of Eye Diseases, Moscow, Russia
11:16 AM - 11:22 AM

Paralytic lagophthalmos, caused by lesion of the facial nerve branches, leads to the development of severe corneal pathology and causes significant discomfort with prolonged exposure.

Purpose.– Development of a combined method of elimination or maximum reduction of paralytic lagophthalmos, with a stable effect and adequate cosmetic result.

Material and methods.– The clinical group consisted of 17 patients aged 24 to 69 years (m = 41.5±11.7 years). The causes of facial nerve paralysis were neurosurgical operations -15, the trauma -2. The combined operation was performed in all patients - levator recession with plastic implant from polytetrafluoroethylene (PTFE) with simultaneous strengthening of the lower eyelid with a similar implant. The levator aponeurosis is cut off from the tarsal plate and the implant is fixed to the tarsal plate and to aponeurosis. The implant of PTFE is fixed to the anterior surface of the tarsal plate of lower eyelid and to the periosteum over the ligaments. In addition partial lateral tarsoraphy is performed in severe atony of the eyelids. Follow up period up to 3 years (m=1,3years).

Results.– In all cases, positive results were obtained. Lagophthalmos decreased in m=6,3±mm, while the eye was not excluded from the act of vision and a sufficiently high cosmetic effect was preserved. The cases of hypo-effect were not noted. The PTFE implant does not dissolve and igrows with fibrovascular tissues. The result is achieved by a one-time reduction of the upper eyelid retraction and strengthening of the lower eyelid with PTFE implant, which is relevant for long-existing paralytic lagophthalmos, pronounced weakness and lower eyelid ectropion.

Conclusion.– The developed complex of operations consists of a levator recession with a one-stage strengthening of the lower eyelid, performed with the use of a PTFE implant allows to successfully correct the long-existing paralytic lagophthalmos while maintaining the maximum cosmetic effect.
Purpose: This study was performed to compare the postoperative contraction of the free skin graft after reconstruction of upper eyelids with the use of botulinum toxin and without it.

Methods: The prospective randomized intervention study of 22 eyes (22 patients) with cicatricial upper eyelid deformations and lagophthalmos after mechanical injury. The area of skin grafts was measured from patient photos and using lpSquare v5.0 («Calculation area») software (LProSoft). Measurements were performed on 7, 14, 30 days and 6 month after surgery. The patients were divided in two groups: the patients of group 1 received preoperative botulinum toxin, the patients of group 2 did not receive it. Preoperatively a botulinum toxin was injected into the orbicularis oculi muscle and levator of upper eyelid. Paired student t-test was used for analysis.

Results: 11 eyes were included in group 1 (11 patients) and 11 eyes in group 2 (11 patients). A skin graft was taken from the postauricular region in 5 cases and from the contralateral upper eyelid in 6 cases in both groups. In the first group, after 6 months, the area of skin grafts decreased from 2 to 26% compared to their area measured on the 7th day after the operation. In the second group, the area of skin grafts decreased by 7-46% during the same period of observation.

Conclusions: The botulinum toxin injections into the orbicularis oculi muscle and levator of upper eyelid reduced postoperative contraction of the free skin graft almost in half after reconstruction of upper eyelids after 6 months follow-up. The orbicularis oculi muscle and levator of upper eyelid relaxed by toxin provide postoperative reduction of constrictions trends and a smoother engraftment of the graft.
ABSTRACTS

formed in 30 cases (50 eye lids) cases without orbicularis muscle excision (group B). All cases were followed up for 12 months postoperatively. Lid margin and eyelash position, improvement of symptoms, aesthetic appearance and over or under correction or recurrence were assessed at each visit.

Results.– In all cases, the normal eyelashes rotated away from the surface of the eye and were no longer in contact of the eye ball in all position of gaze. All eyes had adequate lid closure and regular lid margin. Three eyes had mild over correction in group A which regressed without any surgical intervention. The recurrence rate was 0% in group A after one year follow up, while it was 3% in group B at 6 months, increased to 6% at one year. There was no case of secondary lid ectropion or retraction, and the aesthetic alterations were accepted by all the patients.

Conclusion.– Excision of orbicularis muscle increases long term stability of lid margin after correction yielding high patient satisfaction, better cosmetic and functional outcome.

ES016
Prognostic Factors for Recurrence Following Surgical Treatment of Basal Cell Eyelid Carcinoma: A Multicenter Retrospective Study
Gabriela Grimaldi1, Giulia Midena1, Umberto De Vico1, Roberta Bernardo2, Adriana Iuliano2, Gustavo Savino1
1Department of Head and Neck Surgery - Institute of Ophthalmology, Rome, Italy, 2Department of Neuroscience and Reproductive Sciences and Odontostomatometry - University of Naples Federico II, Naples, Italy
11:46 AM - 11:52 AM

Purpose.– Basal cell carcinoma (BCC) is the most common malignant tumor of the eyelid. Surgical excision with margin control is the gold standard for the treatment of periocular BCC. Despite radical surgery, postoperative clinical outcomes are variable. The aim of the study was to report a case series of patients undergoing surgical excisional biopsy for primary BCC and to investigate the prognostic value of tumor size, location and clinical-histological type.

Methods.– Retrospective, multicenter, observational case series of 94 consecutive patients undergoing surgical excisional biopsy with histologic assessment of tumor margins for primary BCC at two institutions from January 2011 to January 2018. Patients were divided into two groups based on AJCC staging: BCC ≤ T2b (Group 1) and BCC > T2b (Group 2). Patient demographics, tumor, and treatment data were recorded and compared between study groups. Outcomes measured included tumor size according to AJCC staging system, tumor location, clinical-histological type and recurrence rate following radical surgical treatment.

Results.– Of 94 enrolled patients with BCC, 55 cases were included in Group 1 (59%), whereas 39 patients were included in Group 2 (41%). Histopathologic examination showed a higher incidence of infiltrative subtype in Group 2 (16%). The most frequent tumor location was lower eyelid for both groups. Recurrence of the tumor was observed in 1 case of Group 1 (1.8%) and in 2 cases in Group 2 (5.1%).

Conclusions.– Preoperative tumor size of BCC according to AJCC system and histological subtype of excised lesions seem to have a prognostic role in BCC following radical tumor excision with margin control. Assessment of prognostic features can help personalizing patient care developing a precision medicine approach to the treatment of periocular BCC.

ES017
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1Sligo University Hospital, Ireland, 2Royal Victorian Eye and Ear Hospital, Melbourne, Australia, 3National Cancer Registry, Ireland, 4Department of Public Health and Primary Care, Trinity College, Dublin, Ireland
11:52 AM - 11:58 AM

Aims.– We describe the incidence of eyelid tumours, and associations with demographic factors including age and sex, in Ireland over an 11-year period from 2005 to 2015.

Methods.– The National Cancer Registry of Ireland identified all registered eyelid basal cell carcinomas (BCC), squamous cell carcinomas (SCC), and melanomas and other tumours, during the period 2005 to 2015. Age standardised rates (ASR) were calculated using the European Standard Population (2013). Longitudinal data analysis using linear regression, and associations with age and sex were evaluated with the statistics program R.

Results.– There were 4,824 patients diagnosed with eyelid BCC during the study period, the incidence of BCC was unchanged at mean ASR of 14.45 per 100,000 annually. There was no association with sex for eyelid BCC, whereas age was associated, the absolute number increased by a mean factor of 1.49 per decade between 45 and 75 years old. There were 528 patients diagnosed with SCC, ASR of SCC was found to increase significantly, from 1.28 per 100,000 in 2005 to 2.06 per 100,00 in 2015 (p=0.009). Male sex was associated with SCC; relative risk of 1.2 (95% confidence interval 1-1.5). Age was exponentially associated with SCC, absolute number increased by a factor of 2.27 per decade between 45 and 75 years old. Melanoma and other eyelid tumours were uncommon (50 and 55 cases respectively).

Conclusion.– The majority of eyelid tumours in Ireland are BCCs, BCC and SCC increase with age. Eyelid SCC are associated with male sex and are increasing in incidence.
OS014
For Your Eyes Only: How Does James Bond Avoid Traumatic Eye Injury?
Conor Malone1, Krishanth Vigneswaran1, Shivona Chetty1
1Sligo University Hospital, Sligo, Ireland
2:00 PM - 2:06 PM

Since 1962, the James Bond character has appeared in 26 films across 7 incarnations. Bond is notorious for action and combat, including head and facial trauma; however, the long-term sequelae of such repeated insults are never portrayed. Approximately 10% of head trauma is accompanied by eye injury. Consequences of facial trauma can include cosmetic changes, but more significantly, orbital fractures can lead to globe injury and visual impairment, while orbito-facial fractures can impair function, causing difficulty in eating, speaking, and maintaining an airway. Traumatic brain injury (TBI) accounts for 30% of deaths from all-cause trauma and can cause diplopia, ocular dysmotility, optic neuropathy, and cranial nerve damage.

Bond movies have been viewed by billions of people worldwide over almost 6 decades. We reviewed 7 movies (1 for each of the 7 Bond actors), documenting the frequency, type, and extent of all head trauma shown on screen. Since the first installment, the frequency and intensity of violence in these films has increased. Our review demonstrates that head and facial trauma are commonly depicted on screen but the inevitable morbidity and mortality are not acknowledged. Orbital injury and the ophthalmic effects of TBI should not be overlooked when considering head and facial trauma.

OS015
Patients’, Globe, and Vision Survivals in Rhino-Orbito-Cerebral Mucormycosis
Mohsen B Kashkouli1, Parya Abdolalizadeh1, Mitra Oghazian1, Yasaman Hadi1, Nasser Karimi1, Mahya Ghazizadeh1
1Eye Research Center, Rassoul Akram Hospital, Iran University Of Medical Sciences, Tehran, Iran
2:06 PM - 2:12 PM

Objective. – To report the frequency and factors affecting patients’, globe, and vision survivals in rhino-orbito-cerebral mucormycosis (ROCM) as well as comparing the characteristics of diabetic versus non-diabetic ROCM.

Methods. – In a retrospective case series, 63 patients (79 eyes) with biopsy proven ROCM were included (2008-2016). Systemic and ophthalmic manifestations, imaging, management, and final results were recorded. Globe survival was defined as no exenteration and vision survival as final visual acuity of light perception and more.

Results. – Mean age was 55.56 (SD:12.92) years old with no gender preference. Diabetes was the most common underlying disease (68.3%). Patients’ survival was observed in 57.1%. Presence of frozen eye (OR=4.62), nasal mucosal involvement (OR=7.32), and shorter duration of anti-fungal therapy (OR= 1.03) were significantly associated with increased mortality rate. Exenteration did not significantly change the mortality rate in total and diabetics. Globe survival was detected in 43%. Higher white-blood-cell was associated with higher risk of exenteration (P=0.02). Vision survival was observed in 25.3% in whom older age had significantly better vision survival. Ketoacidosis was observed in 46.5% of diabetic patients. Significantly higher number of females and lymphocyte count were observed in diabetic ROCM.

Conclusion. – Patients’, globe, and vision survivals were 57%, 43% and 25%. Exenteration did not affect the patients’ survival in total nor in diabetics. While frozen eye, nasal mucosal involvement, and shorter duration of treatment were significantly associated with a higher mortality, higher WBC count significantly increased the risk of exenteration.

OS016
PCR Can Trace Aspergillus in Inconclusive Histology and Deliver Resistance Information Against Azole
Anja Eckstein1, Mael Lever1, Florian Grabellus1, Roman Pförtner1, Nikolaos Bechrakis1, Peter Rath1
1University Duisburg Essen, Essen, Germany
2:12 PM - 2:18 PM

Case report. – An 78 year old immunocompetent female patient presented with lid swelling, moderate pain and ptosis of the left upper eyelid. Due to progression under local steroid therapy with development of proptosis an MRI was performed and revealed a mass lesion with inhomogeneous contrast-enhancement in the superior nasal left orbit. Incisional biopsy was performed, revealing a lymphoplasmacellular infiltration without short chain restriction, which led to the diagnosis of idiopathic orbital inflammation. The disease progressed under systemic steroid therapy and a second more extensive biopsy showed hypha of the aspergillus type with marked inflammatory infiltration. Systemic voriconazole with sufficient serum levels led to a complete regression of the symptoms clinically and radiologically. Both biopsies were analysed with PCR-analyses (AsperGenius, Pathonostics, Maastricht, The Netherlands). Aspergillus fumigatus DNA was found in...
both, in particular in the first, histologically inconclusive biopsy. Additionally, testing for mutations which are associated with resistance againstazole (L98H, TR34, T289A) were negative, confirming the effectiveness of the ongoing antifungal therapy.

**Take-home message.**– Orbital aspergillosa is a rare entity in immunocompetent patients and therefore often misdiagnosed. Since sino-orbital aspergillosis is potentially fatal, mortality may be avoided with timely diagnosis and treatment. PCR-analysis can be helpful in inconclusive histology and additionally deliver resistance status to plan the right treatment.

OS017

**Orbital Mycoses in an Adult Subtropical Population**

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**Objective.**– To report the spectrum of fungal infections involving the orbit encountered in an Australian subtropical population with respect to presentation, host risk factors, involved pathogens, treatment and outcomes.

**Methods.**– A multicenter retrospective chart review was performed on all patients with orbital mycosis treated by the senior author (TJS) from 1986 to 2017 in a tertiary setting.

**Results.**– A total of 30 cases of fungal infection involving the orbit were included in the study. Of these, 26 patients had invasive disease and 4 patients had non-invasive disease. Causative organisms included mucormycosis (16), aspergillus (8), and other fungi (7). Common risk factors included haematological disorders or malignancy, neutropenia, corticosteroid use and diabetes mellitus. Mucormycosis in three immunocompetent patients was caused by Apophysomyces elegans. Orbital apex syndrome was observed in approximately one third of patients at initial ophthalmological assessment. Amphotericin B was used in most cases of mucormycosis, while there was a more varied spectrum of antifungal use in other fungal infections. Seven patients with mucormycosis proceeded to orbital exenteration with a survival rate of 43%. No patients with other orbital fungal infections were exenterated.

**Conclusion.**– Orbital mycoses are not only opportunistic but true pathogenic infections. While initial symptoms may be varied, the development of orbital apex syndrome should raise suspicion for this condition, regardless of patient immune status or age. Survival and visual outcomes are often poor with invasive disease. We believe orbital exenteration is warranted in cases with extensive necrotic, non-viable tissue. Multidisciplinary team management with early orbital specialist involvement is essential.

OS018

**Classification for Mild, Moderate, and Severe Microphthalmia Based on Axial Length**

Annabel Groot1, Jelmer Remmers1, Asra Gilani, Daphne Mourtis, Pim de Graaf1, Peerooz Saeed1, Dyonne Hartong1

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**Introduction.**– Prevailing opinion in treating children with unilateral microphthalmia is that socket expansion is required in an early stage to obtain a cosmetically acceptable appearance later in life. There is however a large difference in the clinical presentation of the microphthalmic eye and treatment is not always necessary to prevent facial asymmetry. Current classifications in microphthalmia are usually based on aetiology, and not on indication to treat. We aim to use biometric measurements to classify subgroups.

**Methods.**– In 28 (yet) untreated unilateral microphthalmic children we measured the axial length (ultrasonography or MRI scan) of both the affected and unaffected side. Using a ruler, we also measured the horizontal palpebral fissure length on both sides. Expansive treatment with sequential conformers was started in cases with disturbing facial asymmetry. Since axial length and horizontal palpebral fissure size is dependent on gestational age, we used the percentage of the affected side in comparison to the healthy fellow eye.

**Results.**– We noted a relation between horizontal palpebral fissure size and axial length. Five of 28 cases presented with severe facial asymmetry. Their axial lengths were less than 40% compared to the fellow eye. Thirteen cases had no disturbing facial asymmetry. Their axial lengths were > 70%, and horizontal palpebral fissure lengths were > 80% compared with the fellow eye. For these cases no expansion was indicated. Ten cases had axial lengths between 40-70% and variable horizontal palpebral fissure length between 60 and 100%, of which most had disturbing facial asymmetry for whom treatment with expanding conformers was started.

**Conclusion.**– We propose a classification of severe microphthalmia/anophthalmia (axial length < 40%), moderate microphthalmia (axial length between 40-70%) and mild microphthalmia (axial length > 70%). Classification may be used to guide treatment indication and to compare subgroups for treatment results.
**OS019**

**Xanthogranulomatous Inflammation of the Orbit - A Clinicopathologic Study of 28 Patients**

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2:30 PM - 2:36 PM

**Introduction.** To determine diagnostic features in 28 patients with biopsy-proven xanthogranulomatous inflammation of the orbit.

**Methods.** Retrospective analysis of 28 patients (21 females, 7 males; mean age at presentation 48 years, range 26-85 years) who underwent an incisional biopsy and surgical debulking. 16 lesions were unilateral, 12 bilateral. The mean duration of disease was 5.7 years (range 1-18 years). One organ was involved in 10 patients, more than one in 18 patients. The mean follow-up was 8.7 years (range 1-16 years).

**Results.** Common clinical symptoms and/or signs included eyelid swelling, proptosis, downward displacement of the globe, blepharoptosis, yellowish eyelid infiltrates, palpable mass and/or clinical evidence of preseptal inflammation. Histopathologically, lymphoplasmacytic infiltrates and xanthogranulomatous inflammation were detectable in all patients. Other common histopathologic features included sclerosing inflammation and lymphoid hyperplasia. The mean IgG4:IgG ratio in the biopsy specimens was 0.7 (range 0.2-1.0), the mean IgG4 serum concentration 1001 mg/dl (range 5-6620). Two patients with Erdheim-Chester disease presented with bilateral proptosis due to xanthogranulomatous inflammation in the intraconal orbit. One of these was treated with vemurafenib (BRAF-positive), the second (BRAF-negative) died after a follow-up of 18 months. Systemic steroids showed a prompt and efficient response in all patients, recurrences after tapering in 9 patients. Methotrexate, azathioprine and mycophenolate were associated with recurrences and incomplete remission. Rituximab and steroids showed in 12 patients sustained improvement and few side effects.

**Conclusion.** Xanthogranulomatous inflammation of the orbit is a histopathologic finding, not a diagnosis and may be part of various disease entities (e.g. IgG4-related disease or Erdheim-Chester disease) that require different management strategies.

**OS021**

**A Safe Primary Surgical Approach to Orbital Lymphangiomas**

*Karla Chaloupka1*

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2:42 PM - 2:48 PM

**Objectives.** Orbital lympho-venous malformations are difficult to treat. We compare the surgical versus sclerosing therapy followed by surgery and present a safe primary surgical approach to orbital lymphangiomas.

**Methods.** A retrospective case series of all patients from the authors’ practice from 2007-2017. Primary surgical approach was chosen using tissue gel to form each single cystic lesion before excision. The results were compared to secondary surgical approach after failed sclerosing therapy.

**Results.** 16 patients were operated, half of them after primary sclerosing therapy. Seven of eight patients with primary surgical approach were recurrence free. Two patients with sclerosing therapy needed an emergency decompression to prevent visual loss. All secondary surgeries were more demanding due to scar tissue, in four cases followed by recurrences.

**Conclusions.** We demonstrate a primary surgical approach to orbital lymphangiomas allowing a safe approach to these lympho-venous orbital malformations with minimal risk for complications and recurrence.
OS022
Clinical Differentiation of Non-Hodgkin Orbital Lymphoma and Idiopathic Orbital Inflammation
Kamil Laban1, Richard Van Aarle1, Rachel Kalmann1
1University Medical Center Utrecht, The Netherlands

Objectives.– Non-Hodgkin orbital lymphoma (NHOL) and idiopathic orbital inflammation (IOI) can be difficult to differentiate due to overlapping clinical, radiological and laboratory features. Additionally, orbital biopsies are not always possible for deep localizations. Differentiation is necessary for adequate and timely treatment. In this retrospective study, we investigate the potential of clinical discriminating features within these diseases and we aim to develop a set of clinical features that can be used as a simple differentiating tool in the diagnosis of NHOL and IOI.

Methods.– We retrospectively investigated clinical features of 221 adult patients diagnosed with NHOL or IOI between 2000 and 2017 in the University Medical Center Utrecht. We statistically analyzed clinical patient- and disease characteristics using a multivariable logistic regression. A set of discriminating features was tested for correct classification using a receiver operator characteristic curve.

Results.– We included 69 patients with NHOL and 152 patients with IOI in this study. Age of disease onset, the presence of pain, eyelid edema, ptosis and proptosis showed statistically significant differences between NHOL and IOI (all p<0.01), with a combined classification power (area under the curve) of more than 90% (p<0.01).

Conclusion.– Clinical features are important in the diagnostic process of NHOL and IOI. Using a set of simple features including age, presence of pain, eyelid edema, ptosis and proptosis, a differentiation between NHOL and IOI can be made with high accuracy. A multicenter replication is needed to validate these results.

ONCOLOGY ROUNDTABLE
Saturday, September 15, 2018
3:05 PM - 4:15 PM

OR001
Visual Outcomes after Endoscopic Endonasal Transsphenoidal Resection of Pituitary Adenomas: Our Institutional Experience
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1University Medical Center Utrecht, Utrecht, The Netherlands, 2University Medical Center Leiden, Leiden, The Netherlands, 3Computational Neurosurgical Outcome Center (CNO), Brigham and Women’s Hospital, Boston, United States of America

Objectives.– Visual dysfunction in patients with pituitary adenomas indicate a clear need for endoscopic endonasal transsphenoidal surgery (EETS). However, the final visual outcomes vary greatly among patients, and it remains unclear what aspects of tumor type, patient characteristics, timing and surgery contribute to postoperative outcomes.

Methods.– 100 patients with pituitary adenomas who underwent EETS between January 2011 and June 2015 were retrospectively reviewed at a single institution. General patient characteristics, pre- and postoperative visual status, clinical presentation, tumor characteristics such as size and hormone production, radiological features, and procedural characteristics were included in the statistical analysis for association with presenting visual symptoms and visual outcomes postoperatively.

Results.– 65% (65/100) of all patients showed visual field defects at time of surgery, and 82% of these patients (53/65) had visual symptoms. Visual acuity (VA) below 1.0 Snellen vision in one or both eyes was measured in 65% (65/100) of patients and 22% had a VA below 0.5. VFD improved in 35 (35%) patients and worsened in 4 (4%) patients postoperatively. Mean VA improved from 0.67 Snellen vision preoperatively to 0.84 postoperatively (p=0.04). VFD at presentation was associated with greater cranio-caudal tumor size and older age. Suprasellar tumor extension (SSE) was the only factor independently associated with postoperative improvement of VFD. Male sex was independently associated with postoperative improvement of VA.

Conclusion.– Greater cranio-caudal tumor size and older age were independent predictors for VFD at presentation. EETS significantly improved both visual acuity and visual field defects for most patients, although a few patients showed deterioration of visual deficits postoperatively. No factors associated with deterioration were identified. SSE and male gender were independent predictors of improvement of VFD and VA, respectively.
**OR003**

**Prognostic Factors of Sebaceous Gland Carcinoma: Evaluation of (Ajcc) Cancer Staging System in Predicting the Management Outcome**

**Diego Strianese**

*King Khaled Eye Specialist Hospital, Riyadh, Saudi Arabia*

**Aim.** To determine whether T category of the AJCC TNM staging system, 7th edition, the histopathology patterns and the tumor differentiation correlate with outcome of patients with SCC of the eyelid Methods: multicenter retrospective cohort study. Data analysis on presentation, pathology, management and follow up. Results: 66 patients, 35 (53 %) female. Median age, 70; range 29-94 years. Median time of follow up: 1.15 year. TNM designations: T1N0M0,3 patients (pt);T2aN0M0,4pt; T2bN0M0, 1pt; T2bN1M0, 4pt; T3aN0M0, 9pt; T3aN1M0, 4pt; T3bN0M0, 13pt; T3bN0M0, 1pt; T3bN1M0, 3pt; T4aN0M0,3pt; T4N1M0, 1pt. T3a or greater were associated with lymphnode metastasis (P<0.001) and pagetoid spread to conjunctiva (P<0.001). While lobular SGC pattern was significantly associated with smaller tumor size compared to other patterns (P <0.001).Conclusion: T category of the AJCC TNM staging system correlates with the risk of regional lymphnode metastasis. Histopathology patterns and tumor grading also well correlate with prognosis and should be included in future updated staging system for SCC.

**OR004**

**Merkel Cell Carcinoma of the Eyelid : Prognostic relevance of Eyelid Carcinoma classification T Category for its management according to the 7th edition staging manual of American Joint Committee on Cancer**

**Mathieu Dubois**, Mathieu Zmuda, Edgard Farah, Pierre-Vincent Jacomet, Olivier Galatoire

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**Introduction.**– The purpose was to study the correlation between T category from Eyelid Carcinoma (EC) classification with outcomes of patients with Merkel Cell Carcinoma (MCC) of the eyelid as recommended in the 7th edition staging manual of American Joint Committee on Cancer.

**Methods.**– 13 patients treated in the Oculoplastic Unit of the Ophthalmological Foundation Adolphe de Rothschild in France for MCC of the eyelid between January 1, 2009 and August 31, 2017 were included in a survival retrospective study. The prognostic impact of T stages from each classification was evaluate analysing their correlation with disease free survival (DFS) defined as the time between tumor removal and occurrence of local recurrence, lymph node or distant metastasis.

**Results.**– Median age was 81.5 years and median follow-up was 25 months. Local invasion with EC classification was T2a for 3 patients (23%), T2b for 4 patients (31%), T3a for 5 patients (38%) and T3b for 1 patient (8%). DFS was significantly correlated with EC T-stages taken independently (P = 0.006) and tended to be significantly correlated with those of MCC (P = 0.06). More than half of the cohort (7 patients) went from T1 to T2 (T2a or T2b) with the EC staging system. The T3 stage of EC classification was significantly associated with an increased risk of lymph node metastasis at presentation (P = 0.029). The mean treatment time was 4 months. A delay of longer than 4 months was the strongest single predictor of shorter DFS (P = 0.005).

**Conclusion.**– The EC classification T-Stages are significantly better associated with DFS and seems more suitable for eyelid MCC management. Early clinical suspicion or histological diagnosis must lead to rapid management in a reference centre.
Modified Cheek Advancement Flap for Lower Eyelid and Infraorbital Cheek Reconstruction: A Case Series

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3:29 PM - 3:35 PM

Objective.– To evaluate the outcomes of a modified cheek advancement flap technique for the reconstruction of medium to large defects of the lower eyelid and infraorbital area secondary to Mohs micrographic surgery for excision of non-melanoma skin cancers.

Methods.– Modified cheek advancement flap differs from the original technique described by Mustardé by having less dissection and no horizontal incision parallel to the lower eyelid margin. A retrospective notes review of the patients undergoing this procedure between 2012 and 2018 at Queen’s Medical Centre, Nottingham, UK, was undertaken. Risk factors for flap failure, combination with additional oculoplastic procedures and early and late complications were reviewed. Patients’ satisfaction with the cosmetic outcome was rated using a five-level Likert-type scale.

Results.– 42 patients underwent the modified cheek advancement flap. Mean follow up was 2.2 years. Early complications rate was 11.6%, including infection, medial ectropion, webbing at the medial canthus and puckering at the lateral canthus. All of these settled completely at a later stage. No late complications, such as cicatricial ectropion, hypertrophic scar and facial nerve damage occurred. Satisfaction in terms of cosmetic outcome was rated as “extremely high” and “high” by 79.1% and 20.9% of patients respectively.

Conclusion.– Often reconstruction of the infraorbital cheek is addressed by facial plastic surgeons, even though possible repercussions on the lower eyelid position warrant particular care in the design of local flaps. A modified cheek advancement flap is a valuable and safe option in periocular reconstructive surgery. An understanding of eyelid function and an ability to tighten the lower eyelid, should encourage reconstructive surgeons to use this technique when repairing medium to large defects in the medial canthal and infraorbital cheek area.
P001
Eye Sebaceoma
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¹Northampton General Hospital, United Kingdom

P002
Linear Scleroderma with Focal Trichiasis Secondary to Tarsal Thinning
Edith R. Reshef¹, Natalie Wolkow¹,², Frederick A. Jakobiec², Michael K. Yoon¹
¹Department of Ophthalmology, Ophthalmic Plastic Surgery, Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, United States of America, ²David G. Cogan Laboratory of Ophthalmic Pathology, Department of Ophthalmology, Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, United States of America

P003
Influence of Eyelid Tattooing on Meibomian Glands and Tear Film
Martin Emesz¹, Ulrike Höller¹, Katarzyna Matuszak¹, Christoph Laufenböck¹
¹Department of Ophthalmology, Tauernklinikum, Zell am See, Austria

P004
Eyelid Sporotrichosis: An Emergent Disease in Brazil
Ana Drumond Cassimiro¹, Renata Ayres Santos Paiva¹, Carolina Maciel de Oliveira¹, Gustavo Vieira Rodrigues Maciel¹, Danielle Pimenta Viana Trindade¹, Ana Rosa Pimentel¹
¹Hospital Sáo Geraldo HC-UFMG, Belo Horizonte, Brazil, ²Department of Pathology HC-UFMG, Belo Horizonte, Brazil

P005
Eyelid Block Excision with Skin-Muscle Flap: An Alternative Surgical Technique for Floppy Eyelid Syndrome
Sofie Caen¹, Dion A.D.A Paridaens¹, Willem A. Van den Bosch¹
¹Het Oogziekenhuis, Rotterdam, The Netherlands

P006
Total Upper Eyelid Reconstruction Using Abbé’s Flap
Amin Bennedjai¹,², Julia Meney¹,², José-Alain Sahel¹,², Pr. Michel Paques¹,², Dr. Julien Boumendil¹,²
¹15-20 Institute, Paris, France, ²UPMC University, Paris, France

P007
A New Perspective in Oculoplastic Surgical Management of Symptomatic Distichiasis in Lymphedema-Distichiasis Syndrome
Michelle Attz¹, Twishaa Sheth¹, Katya Tambe¹
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P008
British Oculodrastics and Tips
Sabah Stafanus¹
¹Chesterfield Royal Hospital NHS Foundation Trust, Chesterfield, United Kingdom

P009
The Permeability of Eyelid Skin to Topically Applied Nanoenabled Polymeric Lidocaine Solutions
Maria Sukhanenko¹, Kristzina Emeriewen¹, George Saleh¹
¹Moorfields, London, United Kingdom

P010
Outcomes of Lateral Tarsal Strip in Conjunction with A Minimal Skin Muscle Excision with Cauterization in Korean patients with Involutional Entropion
Sungwon Yang¹, Hwa Lee¹, Jinhwan Park¹, Sehyun Baek¹
¹Korea University Medical Center, Seoul, Republic of Korea

P011
The Direct Brow-Lift with Periosteal Fixation Through Supra Brow Excision
Hyee Jae Yang¹, Younghun Chung¹, Sang Yoon Kang¹, Jin Woo Jang¹
¹Department of Plastic Surgery, Kyung Hee University Hospital, Kyung Hee University College of Medicine, Seoul, Republic of Korea

P012
Reconstructive Options after Tumor Excision in Medial Eyelid Angle
Zornitsa Zlatarova¹, Ekaterina Softova²
¹Medical University Of Varna, Varna, Bulgaria, ²Eurohospital, Varna, Bulgaria

P013
Comparison of Three Methods for Correction of Involutional Lower Eyelid Entropion
Kaveh Vahdani¹, Rebecca Ford², Helen Garrott², Vladimir Theodor Thaller³
¹Moorfields Eye Hospital, London, United Kingdom, ²Bristol Eye Hospital, Bristol, United Kingdom, ³Royal Eye Infirmary, Derriford Hospital, Plymouth, United Kingdom
P014
Oncoplastic Surgery of the Upper Eyelid: The Blepharoplasty Myocutaneous Flap
Maria Panzarella¹, Alberto Bolletta¹, Antonio Bulla¹, Gian Vittorio Campus¹
¹Universita Degli Studi Di Sassari, Sassari, Italy

P015
Poroma of the Eyelid: Exceptional Location
Silvia Perez Trigo¹, Andrea Calle Moscoso¹, Enrique Mencía Gutiérrez³, Álvaro Bengoa González¹, Bianca Laslau¹, Maria Dolores Lalo Llinás¹, Ana Santana¹
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P016
Eccrine Poroma of the Eyelid; Case Report of a Rare Lid Mass
Osama Shalaby¹, Amr Awara¹, Wesam Shams¹
¹Tanta University, Egypt

P017
Upper and Lower Eyelid Changes After Phacoemulsification Cataract Surgery
Victoria Marqués Fernández¹, Alicia Galindo Ferreiro, María García Zamora, Rajiv Khandekar, Silvana Schellini
¹Hospital Universitario Rio Hortega, Valladolid, Spain

P018
Non-Glabellar Flaps for Medial Canthal Reconstruction
Lea Mogilnicki¹
¹Gh Novo Mesto, Novo Mesto, Slovenia

P019
Where Can We Get Substitutes for Posterior Lid Lamella
Lea Mogilnicki¹, Peter Hudoklin¹
¹Gh Novo Mesto, Novo Mesto, Slovenia

P020
Repair Palpebral Medial Canthus after Tumor Excision: Lasseiz Faire versus Rhomboid Flap
Gladys Lorena Mora Botia¹
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P021
Endoscopic Corneal Neurotization
Sunil Moreker¹,², Harshvardhan Ghorpade¹, Preetha Sharma¹
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P022
Surgical Management of Lid Retraction in Thyroid Eye Disease - Towards Evidence Based Approach
Vivienne Kit¹, Mohsan Malik¹, Hugo Henderson¹
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P023
Serious Inflammation of the Eyelid after Usage of Japanese Mint Oil
Monica Lang¹, Eva Schader¹, Karl-Heinz Emmerich¹
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P024
Reconstruction of Upper Eyelid Defects Secondary to Malignant Tumors with a Newly Modified Cutler-Beard Technique with Tarsoconjunctival Graft
Bianca Maria Laslau¹, Álvaro Bengoa González¹, Maria Dolores Lago Llinás¹, Enrique Mencía Gutiérrez³, Silvia Pérez Trigo¹
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P025
Eyelid Suspension Using Gracilis Tendon
Thomas Lathiere¹, Pierre-Alain Mathieu¹, Christian Mabit¹, Juliette Delmas¹, Jean-Paul Adenis¹, Pierre-Yves Robert¹
¹University Hospital Center Of Limoges, Limoges, France

P026
Evaluation of Anxiety and Pain in Eyelid Surgery Patients
Stéphanie Lemaître¹, Miguel González-Candial¹
¹Hospital Universitario Doctor Josep Trueta, Girona, Spain, ²IdibGi, Girona, Spain

P027
Symblepharon Management Study
Anna March De Ribo¹, Francesc March De Ribot¹, Ariel Ceriotti², Guillermo Salcedo²
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P028
Excessive Verrucous Hyperplasia of the Upper Eyelid - Results of a Function Restoring Treatment by Cryotherapy
Ulrike Grenzebach¹, Julia Termühlen¹, Raphael Diener, Nicole Eter
¹Department of Ophthalmology, University of Muenster Medical Center, Muenster, Germany
P029  Limbal Stem Cell Deficiency Treatment with Limbic-Conjunctival Autograft  
Constantin Grigoraș¹  
¹St. Spiridon Hospital, Iași, Romania

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1Department of Ophthalmology, Royal Brisbane and Women's Hospital, Brisbane, Queensland, Australia, 2University of Queensland, Brisbane, Queensland, Australia

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1Medical College of Wisconsin, Wisconsin, United States of America

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1Bristol Eye Hospital, Bristol, United Kingdom

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1Nottingham University Hospital NHS Trust, Nottingham, United Kingdom

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1Rabin Medical Center, Petach Tikva, 2Tel Aviv University, Sackler School of Medicine, Tel Aviv, Israel, 3Invasive Radiology, Rabin Medical Center, Petach Tikva, Israel

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1. Assiut University, Assiut, Egypt

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1University Medical Center Utrecht, Utrecht, The Netherlands

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1Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom

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Speaker:
Reynaldo M. Javate, M.D., F.I.C.S.
Professor and Chairman
UST Hospital Eye Institute
Chief, Lacrimal, Orbital and Oculofacial Plastic Surgery Section
Manila, The Philippines

Date: Friday, September 14, 2018
Time: 13:00-14:00 (during the lunch break)
Room: Plenary Hall