# Indian Eye Research Group

IERG

18th Annual Meeting

July 31 - August 1, 2010

# Abstract Book

LVPEI

So that all may see

CSIR - INDIA

Centre for Cellular and Molecular Biology

**Methods:** Microbiology records were retrospectively reviewed for 5 years period from Jan 2005 to Dec 2009.The organisms were identified by conventional biochemical tests and by Mini API ID 32 GN strips.Antimicrobial susceptibility testing of the isolates was performed by kirby Bauer Disk diffusion method.

**Results:** Out of 20 Aeromonas isolates ,8(40%) were isolated from patients with microbial keratitis,5(25%) from endophthalmitis,6(30%) wound infections and1(5%) from orbital cellulitis .Of these isolates,Aeromonas hydrophilia 13(65%) predominated followed by Aeromonas sobria 4(20%), Aeromonas salmonicida 2(10%) Aeromonas species 1(5%). Ninety 90% of the isolates were found sensitive to chloramphenicol, ceftazidime, ciprofloxacin, ofloxacin, tobramycin, gatifloxacin and 85% of the isolates were sensitive to amikacin ,gentamycin and only 50% of isolates were sensitive to moxifloxacin.

**Conclusions:** Most common ocular infection caused by Aeromonas species is keratitis and Aeromonas hydrophilia is most common species isolated.Majority of the isolates are sensitive to commonly used ocular antibiotics.

## ICP 035

### Neonatal Infectious Keratitis Five Years Experience at a Tertiary Eye Care Center

*Sunita Chaurasia, Muralidhar Ramappa, Jatin Ashar, Shivani Pahuja,Virender Sangwan*
L V Prasad Eye Institute, Hyderabad, India.

**Purpose:** To study epidemiology, predisposing factors, clinico-microbial profile and outcomes of neonatal microbial keratitis.

**Methods:** Retrospective analysis of 42 eyes of 34 cases of neonatal keratitis was done from Jan 2005 - Dec 2009.

**Results:** 16.91 +7.74 days old, M: F=16:18 presented with NICU stay (14.7%), jaundice (11.76%), lid coloboma (8.82%) and sepsis (2.94%). Corneal scrapings in 23/30 cases (76.66%/88.25%) grew pseudomonas (most common 39.13%, MDR-1/3 cases), staphylococcal sp (21.73%), HSV (13.04%), mixed (13.04%), fungus (8.69%) and gonococcus (4.34%). 33 cases resolved in 33.86 (+ 2) days on therapy, 1 underwent evisceration.

**Conclusions:** Neonatal keratitis varies in presentation, etiology with good outcome on intensive therapy.

## ICP 036

### Ruthenium 106 Plaque Brachytherapy: Indications and Outcome in Ocular Tumors

*Surbhi Joshi, Santosh Honavar, Mohd. Javed Ali, Milind Naik, Padma Ganesan,Vijay Anand P Reddy*
LV Prasad Eye Institute, Hyderabad, India

**Purpose:** To evaluate Ruthenium 106 plaque brachytherapy for intraocular and adnexal tumors.

**Methods:** A retrospective review of 84 patients.

**Results:** In uveal melanoma (n=28), 68% regressed, 82% had eye salvage and 71% vision salvage. In recurrent or residual ocular surface squamous meoplasia (n=19), 84% regressed, 78% had eye salvage and 63% had vision salvage. In choroidal hemangioma (n=19) 89.6% had regression of subretinal fluid, all had eye salvage and vision improved in 58%. In retinoblastoma (n=15), plaque brachytherapy was used for residual or recurrent tumors. Overall, 69% regressed, 60% had eye salvage, and 33.3% had useful vision. Choroidal metastasis (n=2) showed complete tumor regression.

**Conclusions:** Ruthenium 106 plaque brachytherapy provides good tumor regression and eye salvage.

## ICP 037

### Primary Canaliculitis: Clinical Features, Microbiological Profile and Outcome in 74 patients

*Swathi Kaliki, Milind Naik, Santosh G. Honavar*
LV Prasad Eye Institute, Hyderabad, India

**Purpose:** To describe the demographic profile, clinical picture, microbiological profile and treatment outcome of primary canaliculitis.
**Methods:** Retrospective, interventional case series.

**Results:** Of the 74 patients, 54% were females and 46% were males with a mean age of 48 years. The mean time lapse to diagnosis was 10 months. Lower canaliculus was involved in 65% , upper in 23% and both in 12%. Microbiological work-up was done in 73%, of which 91% yielded positive results. The most common isolated species was staphylococcus (39%). Canalicular expression and topical antibiotics caused resolution in 69% (35/51) and canalicular curettage and topical antibiotics caused resolution in 100% (39/39). 70% resolved completely with single intervention, 19% with 2 interventions, 8% with 3 interventions and 3% needed 4 interventions for complete resolution.Recurrence was noted in 3% cases.

**Conclusions:** Punctoplasty and canalicular curettage is the gold standand treatment for canaliculitis.

## ICP 038

### Boston Ocular Surface Prosthesis in Vernal Keratoconjunctivitis with Keratoconus

*Tamal Chakraborty, Preeji MS, D Srikanth, Varsha Rathi*
LV Prasad Eye Institute, Hyderabad, India