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ABSTRACT BOOK

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CONJOINT OPHTHALMOLOGY SCIENTIFIC CONFERENCE

Theme: **From Basics to Breakthroughs:**
Foundations in Eye Care and Frontiers in Ocular Oncology



18th to 20th September 2026

Connexion Conference & Event Centre (NEXUS)
Kuala Lumpur, Malaysia

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OP-RB-001
 Cornea, External Eye Diseases, and Eye Banking

CLINICAL PRESENTATION AND HISTOPATHOLOGICAL SPECTRUM OF CONJUNCTIVAL NAEVUS IN KELANTAN: A FIRST LOCAL REPORT

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PURPOSE:

To evaluate the demographic characteristics, clinical presentation, and histopathological spectrum of conjunctival naevi in patients treated at a tertiary referral centre in Kelantan.

STUDY DESIGN:

Retrospective observational study.

METHODS:

This retrospective review included all patients diagnosed with conjunctival naevus who underwent surgical excision at Hospital Raja Perempuan Zainab II between January 2024 and December 2025. Demographic characteristics, clinical findings, anterior segment photographs, and histopathological reports were analysed.

RESULTS:

A total of 15 patients were included, comprising 8 paediatric patients (53.3%) and 7 adults (46.7%). The median age was 11 years in the paediatric group and 42 years among adults. Male predominance was observed in the paediatric group, whereas females predominated in the adult group. Most patients were Malay (93.3%), and lesions were more commonly found in the left eye (60.0%).

The most common presenting complaint was a conjunctival mass, with or without associated itchiness (73.3%). Most patients had no associated ocular pathology (80.0%); allergic conjunctivitis was observed exclusively in paediatric patients (25.0%).

All lesions were located on the bulbar conjunctiva. In the paediatric group, all

lesions were temporal in location, whereas adult lesions demonstrated both temporal (57.1%) and nasal (42.9%) distribution. Median lesion size was larger in paediatric patients (6.5 mm) compared to adults (4.0 mm). Paediatric lesions were also located closer to the limbus. Feeder vessels were more frequently observed in paediatric lesions (75.0%) than in adults (42.9%).

Histopathological examination revealed compound naevus as the predominant subtype (86.7%). All paediatric lesions were compound naevi. Among adult patients, one case of malignant melanoma and one case of subepithelial conjunctival naevus were identified.

CONCLUSION:

This review demonstrates that the conjunctival naevi predominantly affect paediatric and young adult patients and commonly presented as a temporal bulbar conjunctival mass. Paediatric lesions tended to be larger, located closer to the limbus, and more frequently associated with feeder vessels. Compound naevus was the predominant histopathological subtype. Although most lesions were benign, the identification of malignant melanoma in an adult patient underscore the importance of careful evaluation and routine histopathological confirmation of suspicious lesions.

KEYWORDS:

Conjunctival Naevus, Histopathology, Surgical excision



OP-RB-002

Cornea, External Eye Diseases, and Eye Banking

COMPARISON OF CONJUNCTIVAL AUTOGRAFT THICKNESS USING SUTURES VERSUS FIBRIN GLUE IN PATIENTS POST PRIMARY PTERYGIUM EXCISION USING ANTERIOR SEGMENT OPTICAL COHERENCE TOMOGRAPHY AND ITS ASSOCIATION WITH RECURRENCE

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PURPOSE:

Pterygium recurrence remains a significant complication following pterygium excision despite advances in surgical techniques. Postoperative inflammation has been implicated in recurrence, and anterior segment optical coherence tomography (AS-OCT) allows objective assessment of conjunctival autograft thickness as a potential marker of postoperative healing. This study aimed to compare serial changes in conjunctival autograft thickness following primary pterygium excision using sutures versus fibrin glue and to evaluate the association between graft thickness and recurrence.

STUDY DESIGN:

This is a prospective cohort study.

METHODS:

55 eyes of patients who underwent primary pterygium excision with conjunctival autograft transplantation at Hospital Pakar Universiti Sains Malaysia between June 2024 and May 2026 were included. Patients underwent graft fixation using either 10/0 vicryl sutures or fibrin glue. Conjunctival autograft thickness was measured using AS-OCT at 1-week, 1-month, 3-months and 6-months postoperatively at 1mm and 2mm posterior to the limbus. Repeated measures ANOVA was used to compare graft thickness changes between groups. Logistic regression was performed to evaluate the association between graft thickness and recurrence.

RESULTS:

Five eyes (9.1%) developed recurrence during the 6-month follow-up period. Conjunctival autografts were significantly thicker in the suture group compared with the fibrin glue group. In both groups, graft thickness decreased progressively over time. Logistic regression analysis demonstrated a significant association between greater graft thickness at 2 mm from limbus at 6 months and recurrence ($p=0.032$). The predictive model demonstrated acceptable discrimination capacity.

CONCLUSION:

Conjunctival autografts secured with sutures were thicker than those secured with fibrin glue, suggesting a more pronounced inflammatory or healing response. Increased graft thickness at 6 months may be associated with pterygium recurrence. AS-OCT may serve as a useful non-invasive tool for monitoring postoperative graft healing and identifying eyes at risk of recurrence.

KEYWORDS:

anterior segment optical coherence tomography, conjunctival autograft, pterygium, recurrence



OP-RB-003

Cornea, External Eye Diseases, and Eye Banking

IMPACT OF PERIOPERATIVE MEIBOMIAN GLAND DYSFUNCTION TREATMENT ON OCULAR SURFACE AND VISUAL QUALITY IN CATARACT SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

PURPOSE:

Dry eye disease, particularly meibomian gland dysfunction (MGD), is a major contributor to suboptimal visual outcomes after cataract surgery. Perioperative ocular surface instability may impair both visual quality and patient satisfaction. To evaluate the impact of perioperative MGD-targeted treatment on tear film stability, symptom burden, and optical quality in patients undergoing cataract surgery.

STUDY DESIGN:

A systematic review and meta-analysis

METHODS:

This review was conducted following PRISMA guidelines. PubMed, Cochrane Library, and ScienceDirect were searched for comparative studies assessing perioperative MGD treatment. Eligible studies included randomized and observational designs reporting tear film stability (TBUT/NI-BUT), symptom scores, or optical quality outcomes. Data were pooled using a random-effects model. Mean difference (MD) was used for TBUT, and standardized mean difference (SMD) for symptom scores.

RESULTS:

Seven studies included, with six eligibles for meta-analysis. Perioperative MGD treatment significantly improved tear film stability (MD 1.34; 95% CI 0.95-1.72; p

<0.00001), reduced symptoms (SMD -0.62; 95% CI -1.11 to -0.13; p 0.01), and improved optical quality based on higher-order aberrations (HOAs), showed significant improvement (MD -0.03; 95% CI: -0.05 to -0.02; p <0.00001). Qualitative synthesis demonstrated consistent benefits in corneal surface integrity, contrast sensitivity, and glare. Overall, perioperative MGD-targeted interventions improve objective and subjective outcomes by restoring tear film stability, with device-based therapies (i.e. intense pulsed light and thermal pulsation) offering broader benefits with short preoperative optimization periods of 2-4 weeks, while pharmacological treatments require longer perioperative courses of up to 3 months.

CONCLUSION:

Perioperative MGD management should be integrated into cataract surgery care to enhance visual quality and patient-reported outcomes. Device-based therapies may be particularly advantageous as short-course preoperative interventions, providing broader effects across ocular surface and functional visual parameters.

KEYWORDS:

cataract surgery; meibomian gland dysfunction; tear film stability; dry eye; perioperative management



OP-RB-004

Cornea, External Eye Diseases, and Eye Banking

OCULAR SURFACE CHANGES ASSOCIATED WITH IMMUNE CHECKPOINT INHIBITOR THERAPY: A HOSPITAL-BASED STUDY

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PURPOSE:

To estimate the prevalence of dry eye disease (DED) among oncology patients receiving immune checkpoint inhibitor (ICI) treatment, and to investigate the association between ICI and Schirmer test score, and cornea sensation in Malaysian population.

STUDY DESIGN:

Hospital-based cross-sectional study

METHODS:

Adult oncology patients were recruited into two groups: 33 patients receiving ICI therapy and 16 controls receiving chemotherapy without ICI exposure, with a 2:1 allocation ratio to allow greater representation of the primary exposure group. Clinical variables include dry eye questionnaire (DEQ-5), corneal sensation at five regions (central, superior, inferior, temporal, nasal), Schirmer test score, tear break up time (TBUT) and cornea staining using Oxford grading scheme were recorded. Dry eye disease was operationally defined as DEQ-5 score of more than 5, with either TBUT less than 10 seconds or Oxford grading of 1 and above. A Schirmer score less than 6mm defines reduced Schirmer condition. Bilateral measurements were summarized for patient-level analysis. Gaussian generalized estimating equations (GEE) models with age-adjustment were used for eye-level outcomes to account for the correlation between eyes.

RESULTS:

The estimated prevalence of DED among ICI patients was 24.3%. The difference in prevalence between the ICI and control group was not statistically significant. Because Schirmer scores were right-skewed and showed unequal spread between groups, we square-root-transformed them before applying the GEE analysis. The significant regression coefficient for ICI treatment ($\beta = -0.50$; $p = 0.032$) indicates that the ICI group had significantly lower population-averaged mean Schirmer score compared to the control group (8.3 mm vs. 11.4 mm). The population-averaged region-mean corneal sensation was lower in the ICI group compared to the control group, with an age-adjusted mean difference of -4.3 mm (95% CI: (-8.6, -0.05); $p=0.047$).

CONCLUSION:

ICI-treated patients demonstrated lower tear production and reduced corneal sensation compared with controls, suggesting possible subclinical ocular surface neurosensory and/or lacrimal dysfunction. These findings highlight the potential role of Schirmer test as a simple screening tool for early detection of lacrimal dysfunction in patients receiving immune checkpoint inhibitors.

KEYWORDS:

Cornea sensitivity; Dry eye disease, Immune checkpoint inhibitors; ocular surface; Schirmer test



OP-RB-005

Cornea, External Eye Diseases, and Eye Banking

REDEFINING PHOTOACTIVATED THERAPY IN INFECTIOUS KERATITIS ORGANISM-BASED CLINICAL RESPONSE TO ROSE BENGAL PDAT - A SYSTEMATIC REVIEW AND META-ANALYSIS

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PURPOSE:

To evaluate clinical success after Rose Bengal photodynamic antimicrobial therapy (RB-PDAT) for infectious keratitis and to explore whether treatment response differs across organism-based subgroups.

STUDY DESIGN:

Systematic review and meta-analysis.

METHODS:

A systematic literature search was conducted in PubMed, Cochrane Library, and ScienceDirect to identify clinical studies evaluating RB-PDAT or Rose Bengal photodynamic therapy for infectious keratitis. The primary outcome was clinical success, defined as clinical resolution or avoidance of therapeutic keratoplasty after RB-PDAT. Organism-based comparisons included fungal versus non-fungal keratitis, *Fusarium* versus non-*Fusarium* keratitis, and *Acanthamoeba* versus non-*Acanthamoeba* keratitis. Risk ratios (RRs) were pooled using Mantel-Haenszel random-effects models.

RESULTS:

Four studies were included in the qualitative synthesis, and three contributed to quantitative meta-analysis. Across the included studies, clinical success was

achieved in 24/31, 3/7, 12/14, and 13/21 treated eyes, respectively. Pooled analysis showed no significant difference in clinical success between fungal and non-fungal keratitis (RR 0.86; 95% CI 0.31–2.35; $p=0.77$; $I^2=87\%$), *Fusarium* and non-*Fusarium* keratitis (RR 1.08; 95% CI 0.52–2.25; $p=0.84$; $I^2=62\%$), or *Acanthamoeba* and non-*Acanthamoeba* keratitis (RR 1.26; 95% CI 0.86–1.86; $p=0.24$; $I^2=0\%$).

CONCLUSION:

RB-PDAT demonstrated clinically promising therapeutic keratoplasty-free resolution in selected cases of infectious keratitis. However, current pooled evidence did not identify a statistically superior organism-specific response. These findings suggest that clinical success may not be determined by microbial etiology alone, but also by stromal depth, ulcer severity, timing of intervention, corneal structural stability, and host-related factors. Larger prospective comparative studies are needed to clarify optimal indications, organism-specific response patterns, and patient-selection criteria.

KEYWORDS:

Rose Bengal; photodynamic antimicrobial therapy; infectious keratitis; fungal keratitis; *Acanthamoeba* keratitis.



OP-RB-006
Glaucoma

EVALUATION OF INTRAOCULAR PRESSURE, RETINAL THICKNESS, AND CHOROIDAL THICKNESS IN RELATION TO ANTIRETROVIRAL THERAPY

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PURPOSE:

Antiretroviral therapy (ART) has significantly improved the overall visual prognosis for Human Immunodeficiency Virus (HIV) patients, but the specific long-term effects of both HIV and ART medications on fundamental ocular parameters remain poorly understood.

STUDY DESIGN:

Prospective longitudinal study

METHODS:

The study was conducted at the Ophthalmology Clinic of Hospital Melaka from June 2024 to December 2025. This study evaluated 55 eyes of 55 newly diagnosed, ART-naïve HIV-positive patients, in which ocular examinations and measurements including intraocular pressure, macular thickness, peripapillary retinal nerve fibre layer thickness, and choroidal thickness were performed at baseline, 3 months, and 6 months post-ART. Systemic markers, specifically CD4 counts and HIV viral loads, were concurrently tracked.

RESULTS:

Over the 6-month period, the mean IOP increased significantly and progressively from 10.57 ± 1.73 mmHg to 15.20 ± 1.94 mmHg ($p < 0.001$). Choroidal thickness also demonstrated a continuous, statistically significant expansion, rising

from 325.63 ± 61.86 μ m pre-ART to 370.39 ± 61.95 μ m at 6 months ($p < 0.001$). Macular anatomy remained structurally stable throughout the follow-up period. Conversely, the overall global average of the RNFL demonstrated highly significant progressive thinning, decreasing from 107.76 ± 12.52 μ m to 104.34 ± 11.16 μ m ($p < 0.001$). Correlation analysis revealed that rising CD4 counts positively correlated with IOP (at baseline and 3 months) and with the ganglion cell layer plus inner plexiform layer (GCL+IPL) thickness across all time points.

CONCLUSION:

The initiation of ART in newly diagnosed HIV-positive patients rapidly induces significant ocular structural changes. Successful immune reconstitution directly correlates with the normalisation of intraocular pressure and increased choroidal thickness. Concurrently, progressive thinning of the retinal nerve fibre layer underscores a complex interaction between resolving baseline inflammation and potential early neurodegeneration, highlighting the need for comprehensive longitudinal ophthalmic monitoring during early systemic recovery.

KEYWORDS:

HIV, macular thickness, choroidal thickness



OP-RB-007
 Orbital, Oculoplastic, and Lacrimal

CLINICAL MANIFESTATIONS AND MANAGEMENT OF IGG4-RELATED ORBITAL DISEASE: A MULTICENTRE MALAYSIAN STUDY

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PURPOSE:

To describe the clinical manifestations, diagnostic approaches, and treatment outcomes of patients with immunoglobulin G4-related orbital disease (IgG4-ROD) in Malaysian tertiary ophthalmology centres.

STUDY DESIGN:

Multicentre retrospective observational case series involving biopsy-proven IgG4-ROD patients from three Ministry of Health Malaysia tertiary referral centres with orbital subspecialty services between July 2020 and June 2026.

METHODS:

Medical records of biopsy-proven IgG4-ROD patients were retrospectively reviewed. Demographic clinical features, radiological findings, laboratory results, treatment modalities and outcomes were analysed. Patients were classified using revised diagnostic criteria for IgG4-ROD. Statistical analysis was performed using SPSS version 23.

RESULTS:

Seventeen patients were identified, with 58.8% males and mean age of 45.1 ± 15.9 years. Five patients (30%) fulfilled definite IgG4-ROD criteria, while 12 (70%) were classified as probable disease. Unilateral involvement occurred in 64.7%. The most common symptom was eyelid swelling (70.5%), followed by diplopia (11.7%), proptosis (11.7%), dry eye symptoms (11.7%), and reduced vision (5.8%). CT imaging showed lacrimal gland enlargement in 94.1%, extraocular muscle involvement in 23.5%, trigeminal nerve enlargement in 11.7%, and optic nerve lesions in 11.7%. Serum IgG4 levels were

available in only 23.5% due to limited access. Systemic steroid were first-line in 82.3% of cases, with 47% requiring steroid-sparing therapy, mainly azathioprine. Biologic DMARDs were used in recurrence case (5.8%). High-dose steroid induction was associated with lower relapse tendency. Rheumatology co-management occurred in 64.7%.

CONCLUSION:

IgG4-ROD is a relatively new autoimmune disease in Malaysia, most commonly presenting with lacrimal gland enlargement. Diagnostic limitation, particularly restricted IgG4 testing and heterogenous treatment approaches highlights the need for standardized protocols and structured multidisciplinary care.

KEYWORDS:

IgG4-related orbital disease, IgG4-ROD, immunosuppressive therapy, lacrimal gland enlargement, oculoplastic surgery, orbital inflammation.



MANIFESTASI KLINIKAL DAN PENGURUSAN PENYAKIT ORBITAL BERKAITAN IGG4: SATU KAJIAN MULTIPUSAT DI MALAYSIA

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TUJUAN

Untuk menerangkan manifestasi klinikal, pendekatan diagnostik dan hasil rawatan pesakit dengan penyakit orbital berkaitan imunoglobulin G4 (IgG4-related orbital disease, IgG4-ROD) di pusat oftalmologi tertuari di Malaysia.

REKA BENTUK KAJIAN

Kajian siri kes pemerhatian retrospektif multipusat yang melibatkan pesakit IgG4-ROD yang disahkan melalui biopsi di tiga pusat rujukan tertuari Kementerian Kesihatan Malaysia yang mempunyai perkhidmatan subkepakaran orbit antara Julai 2020 hingga Jun 2026.

KAEDAH

Rekod perubatan pesakit IgG4-ROD yang disahkan melalui biopsi telah disemak secara retrospektif. Data demografi, manifestasi klinikal, penemuan radiologi, keputusan makmal, modaliti rawatan dan hasil klinikal dianalisis. Pesakit diklasifikasikan mengikut kriteria diagnostik terkini IgG4-ROD. Analisis statistik dijalankan menggunakan SPSS versi 23.

KEPUTUSAN

Seramai 17 pesakit dikenal pasti, terdiri daripada 58.8% lelaki dengan purata umur 45.1 ± 15.9 tahun. Lima pesakit (30%) memenuhi kriteria IgG4-ROD pasti, manakala 12 (70%) diklasifikasikan sebagai penyakit berkemungkinan. Penglibatan unilateral berlaku dalam 64.7%. Gejala paling kerap ialah pembengkakan

kelopak mata (70.5%), diikuti diplopia (11.7%), proptosis (11.7%), gejala mata kering (11.7%) dan pengurangan penglihatan (5.8%). Imbasan CT menunjukkan pembesaran kelenjar lakrimal dalam 94.1%, penglibatan otot ekstraokular dalam 23.5%, pembesaran saraf trigeminal dalam 11.7% serta lesi saraf optik dalam 11.7%. Paras serum IgG4 hanya tersedia dalam 23.5% pesakit disebabkan keterbatasan akses. Steroid sistemik merupakan rawatan lini pertama dalam 82.3% kes, dengan 47% memerlukan terapi penjimatan steroid (steroid-sparing), terutamanya azathioprine. Ubat DMARD biologi digunakan dalam 5.8% kes berulang. Dos induksi steroid tinggi dikaitkan dengan kecenderungan relaps yang lebih rendah. Pengurusan bersama dengan pasukan reumatologi direkodkan dalam 64.7% pesakit.

KESIMPULAN

IgG4-ROD merupakan penyakit autoimun yang agak baharu di Malaysia, dengan pembesaran kelenjar lakrimal sebagai manifestasi utama. Keterbatasan akses kepada ujian serum IgG4 masih menjadi cabaran diagnostik. Kepelbagaian dalam amalan rawatan menekankan keperluan protokol standard serta pengurusan multidisiplin yang lebih berstruktur.

KATA KUNCI

Penyakit orbital berkaitan IgG4, IgG4-ROD, terapi imunosupresif, pembesaran kelenjar lakrimal, pembedahan okuloplastik, keradangan orbital.



OP-RB-008

Others: Cataract and Biometry

AGREEMENT AND RELIABILITY OF KERATOMETRY MEASUREMENTS BETWEEN A SWEEP-SOURCE OCT IOL MASTER 700 AND PLACIDO DISC CORNEAL TOPOGRAPHY ATLAS 9000 IN CATARACT PATIENTS

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PURPOSE:

To evaluate the agreement and reliability of keratometry measurements obtained using the swept-source optical coherence tomography biometer IOL Master 700 and the Placido disc-based corneal topography device Atlas 9000 in cataract patients.

STUDY DESIGN:

Retrospective cross-sectional comparative study.

METHODS:

Keratometry measurements from cataract patients undergoing preoperative assessment were retrospectively reviewed. Flat keratometry (K1) and steep keratometry (K2) values obtained from the Atlas 9000 and IOL Master 700 were compared. Agreement between devices was evaluated using Bland–Altman analysis with calculation of mean differences and 95% limits of agreement (LoA). Reliability was assessed using the intraclass correlation coefficient (ICC) based on an absolute-agreement model.

RESULTS:

A total of 128 eyes with complete paired keratometry measurements were included. Mean K1 was 43.92D with the IOL Master 700 and 43.85D with the Atlas 9000, while mean K2 was 44.89D and 44.78D, respectively.

For K1, the mean difference (IOL Master 700 – Atlas 9000) was 0.07 D, with 95% limits of agreement ranging from –0.66 D to 0.81 D. For K2, the mean difference was 0.11 D, with 95% limits of agreement ranging from –0.47 D to 0.68 D.

Excellent reliability was observed for both parameters, with intraclass correlation coefficient values for K1 (ICC = 0.969) and K2 (ICC = 0.979).

CONCLUSION:

The IOL Master 700 and Atlas 9000 demonstrated excellent agreement for both flat and steep keratometry measurements. The small mean differences and narrow limits of agreement indicate minimal systematic bias between devices. These findings suggest that both instruments are highly interchangeably in routine cataract evaluation and surgical planning.

KEYWORDS:

Agreement, Bland–Altman analysis, Corneal Topography, IOL Master 700, Keratometry, Reliability, Swept-Source OCT.



OP-RB-009
 Pediatric Ophthalmology and Strabismus

FACTORS ASSOCIATED WITH DELAYED DIAGNOSIS OF RETINOBLASTOMA IN LOW AND MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW

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PURPOSE:

To systematically synthesize the clinical, socio-cultural, and structural barriers driving prolonged diagnostic lag times for children with retinoblastoma in low- and lower-middle-income countries.

STUDY DESIGN:

Systematic review and narrative data synthesis.

METHODS:

Following PRISMA guidelines, a systematic literature search was conducted across the PubMed, Scopus, and Cochrane databases. A total of 196 records were identified, and 65 duplicates were removed. Title and abstract screening excluded 91 records, and full-text assessment excluded an additional 19 papers, yielding 21 final studies for qualitative and quantitative synthesis.

RESULTS:

The 21 included papers primarily utilized retrospective cohort and registry designs across Sub-Saharan Africa, South/Southeast Asia, and Latin America. Median diagnostic lag times spanned 8 weeks to 12 months, with over 58% of cohorts delayed past 2 to 6 months. Consequently, up to 59.4% of children presented with advanced orbital proptosis, 40.1% had extraocular disease, and 18.2% had upfront metastasis. A lag time ≥ 12.5

months tripled mortality hazard (HR: 3.12), while lags >12 months dropped 3-year survival from 95% to 62%. High-risk histopathological features were found in up to 73% of enucleated eyes, and baseline malnutrition independently predicted extraocular death (HR: 2.65). Temporizing behaviors severely worsened outcomes; temporary treatment refusal yielded a 6.32-fold higher hazard of death, while complete treatment abandonment increased mortality 7-fold (HR: 7.00), driving institutional follow-up loss to peaks of 62.75%. Socio-culturally, fear of treatment effects (78.9%) and disbelief in curability (59.9%) were major barriers. Enucleation refusal fueled treatment rejection (42.3%) and abandonment (49.5%). Structurally, primary providers misdiagnosed 29.2% of older pediatric cases, and centralized pathways suffered 35% referral attrition.

CONCLUSION:

Diagnostic latency in lower-resource settings is a multi-factorial crisis. Maximizing survival requires transitioning from reactive post-default tracing to decentralized eye-care training, upfront healthcare cost-shielding, and proactive behavioral desensitization counseling.

KEYWORDS:

Delayed Diagnosis, Developing Nations, Barriers to Care, Lag Time, Retinoblastoma



OP-RB-010
Uveitis

PEDIATRIC OCULAR TUBERCULOSIS-ASSOCIATED UVEITIS: A 6-YEAR RETROSPECTIVE ANALYSIS AND SYSTEMIC DISEASE CORRELATION IN A TERTIARY EYE HOSPITAL

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PURPOSE:

To evaluate clinical characteristics, diagnostic profiles, management, and outcomes of pediatric ocular tuberculosis (TB) in a tertiary eye hospital.

STUDY DESIGN:

Retrospective observational study.

METHODS:

Medical records of patients aged <18 years diagnosed with ocular TB between 2020 and 2025 were reviewed. Demographic, clinical manifestations, ophthalmic findings, and investigative data were collected. Ocular TB was classified according to Gupta criteria. Visual acuity (VA) outcomes were categorized as improved (≥ 2 Snellen lines gained), stable, or worsened (≥ 2 lines lost).

RESULTS:

A total of 17 pediatric patients (24 eyes) were included, comprising 7 males and 10 females. Bilateral involvement occurred in 7 patients (41.18%). Panuveitis was the most common presentation (15 eyes, 62.5%), followed by posterior uveitis (8 eyes, 33.3%). Blindness (visual acuity <3/60) was identified in 13 eyes of 10 patients at presentation. According to the

Gupta criteria, ocular TB was classified as possible in 9 patients, probable in 7 patients, whereas 1 patient was classified as confirmed ocular tuberculosis. Active systemic TB was identified in 7 patients (41.17%), including pulmonary TB (n=4), disseminated TB with lymphadenitis and cerebral involvement (n=1), miliary TB (n=1), and osteoarticular TB (n=1); notably, 4 of these patients initially sought medical attention due to ocular complaints. All patients received anti-TB therapy, and 9 patients (52.9%) received systemic corticosteroids. At final follow-up, VA improved in 9 eyes (37.5%), remained stable in 11 eyes (45.8%), and worsened in 4 eyes (16.7%). Relapse occurred in one patient (5.8%).

CONCLUSION:

Pediatric ocular TB commonly presents as panuveitis with severe visual impairment and may be the first clue to underlying active systemic TB. Despite substantial visual morbidity at presentation, stable or improved vision was achieved in 83.3% of eyes following treatment.

KEYWORDS:

Chronic uveitis, Ocular tuberculosis, Pediatric uveitis, Panuveitis, Tuberculosis-associated uveitis.



COSC 2026 – ORAL PRESENTATION (CASE REPORT)

CATEGORY	CODE	ABSTRACT TITLE
CORNEA, EXTERNAL EYE DISEASES, AND EYE BANKING	OP-CR-001	ATYPICAL HERPES ZOSTER MIMICKING POST-OPERATIVE PRESEPTAL CELULLITIS
	OP-CR-002	VENOMOUS VISION: CASE REPORT
NEURO-OPHTHALMOLOGY	OP-CR-003	BREAKING THE BILATERAL RULE: ATYPICAL UNILATERAL PAEDIATRIC MOGAD OPTIC NEURITIS
ORBITAL, OCULOPLASTIC, AND LACRIMAL		
	OP-CR-005	PEDIATRIC ORBITAL CELLULITIS: A CASE OF COMPLICATED SINUSITIS
PEDIATRIC OPHTHALMOLOGY AND STRABISMUS	OP-CR-006	A CASE REPORT: PEDIATRIC IDIOPATHIC INTRACRANIAL HYPERTENSION (IIH)
	OP-CR-007	RARE EXUDATIVE RETINAL DETACHMENT IN AGGRESSIVE RETINOPATHY OF PREMATURITY: CASE SERIES OF THREE INFANTS
RETINA	OP-CR-008	OPTIC NERVE METASTASIS MASQUERADING AS CENTRAL RETINAL ARTERY OCCLUSION (CRAO)
	OP-CR-009	TRACKING THE INVISIBLE: MULTIMODAL IMAGING GUIDES THE RESCUE OF A PRECIOUS EYE FROM CHALLENGING DUSN-INDUCED CNV



OP-CR-001

Cornea, External Eye Diseases, and Eye Banking

ATYPICAL HERPES ZOSTER MIMICKING POST-OPERATIVE PRESEPTAL CELULLITIS

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BACKGROUND:

Herpes zoster, caused by reactivation of latent varicella-zoster virus, typically presents as unilateral dermatomal vesicular rash. Early diagnosis may be difficult when characteristic lesions are absent or masked by postoperative changes. This report highlights atypical presentation of herpes zoster initially presented as pre-septal cellulitis.

CASE REPORT:

A 69-year-old man presented with acute left periorbital pain, swelling, erythema, and low-grade fever shortly after undergone shave biopsy. Clinical, laboratory, and CT findings supported a diagnosis of postoperative pre-septal cellulitis. Despite antibiotic therapy, unilateral vesicular and crusted lesions subsequently developed along the maxillary division of the trigeminal nerve, establishing a diagnosis of herpes zoster. Systemic acyclovir therapy was given and resulted in marked clinical improvement.

CONCLUSION:

Herpes zoster in orbital region may initially mimic pre-septal cellulitis, resulting in diagnostic delay. Awareness of atypical presentations is essential for timely antiviral treatment and preventing complication.

KEYWORDS:

Diagnosis pitfall, Herpes zoster, Preseptal Celullitis, Trigeminal nerve



OP-CR-002

Cornea, External Eye Diseases, and Eye Banking

VENOMOUS VISION: CASE REPORT

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BACKGROUND:

Snake venom Ophthalmia is an uncommon ocular emergency yet potentially blinding condition caused by exposure of the eyes to venom. We report two cases managed at our hospital.

CASE REPORT:

A 63-year-old male developed acute ocular pain, tearing, and blurred vision following exposure. Examination revealed conjunctival congestion and punctate epithelial erosion. Irrigation was performed, and prescribed topical antibiotics and lubricants were used, resulting in good recovery.

A 3-year-old girl presented with similar complaints and findings. Her eyes were irrigated and given topical antibiotics, corticosteroids, and lubricants.

CONCLUSION:

Antivenom is not recommended for the treatment of snake venom ophthalmia. Timely irrigation and topical antibiotics can result in good prognosis.

KEYWORDS:

Ocular emergency, Snake venom ophthalmia, Venom spitting



PANDANGAN BERBISA: LAPORAN KES

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PENGENALAN:

Oftalmia bisa ular merupakan kes kecemasan okular yang jarang berlaku tetapi berpotensi menyebabkan kebutaan akibat mata terdedah dengan bisa ular. Kami melaporkan dua kes yang telah dirawat di hospital kami.

LAPORAN KES:

Seorang lelaki berusia 63 tahun mengalami sakit mata yang akut, mata berair dan kabur penglihatan setelah terdedah. Pemeriksaan menunjukkan mata merah (*conjunctival congestion*) dan hakisan epitelium (*punctate epithelial erosion*). Irigasi telah dilakukan. Antibiotik serta cecair pelincir mata topikal telah dipreskripsi menyebabkan pemulihan yang baik.

Seorang kanak-kanak Perempuan berusia 3 tahun datang dengan aduan dan penemuan klinikal yang sama. Mata pesakit telah diirigasi dan pesakit telah diberi antibiotik topikal, kortikosteroid serta cecair pelincir mata.

KESIMPULAN:

Antivenom tidak disyorkan untuk rawatan oftalmia bisa ular. Irigasi yang segera serta antibiotik topikal boleh memberikan prognosis yang baik.

KATA KUNCI:

Kecemasan okular, Oftalmia bisa ular, Semburan bisa



OP-CR-003

Neuro-ophthalmology

BREAKING THE BILATERAL RULE: ATYPICAL UNILATERAL PAEDIATRIC MOGAD OPTIC NEURITIS

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BACKGROUND:

Paediatric Myelin Oligodendrocyte Glycoprotein antibody-associated disease (MOGAD) is rare and classically manifests as bilateral optic neuritis. Unilateral presentation is easily misdiagnosed.

CASE REPORT:

A 13-year-old male developed painful right eye (RE) blurring following a flu-like prodrome. Left eye was normal. Initial RE vision was 6/9; contrast-enhanced CT confirmed right optic neuritis. Following admission, RE vision crashed to Counting Fingers with positive RAPD and Grade 4 disc swelling. High-dose intravenous methylprednisolone was immediately initiated, prompting rapid recovery. Serum testing confirmed strongly positive anti-MOG antibodies (anti-AQP4 negative). Subsequent brain/spine MRI was normal. Following a meticulous oral taper, RE vision was restored to 6/7.5 with normalized optic nerve functions.

CONCLUSION:

Paediatric MOGAD can present as an acute unilateral visual crash. Rapid steroid rescue is vital and effective.

KEYWORDS:

Antibodies; Myelin Oligodendrocyte Glycoprotein; Neuro-ophthalmology; Optic Neuritis; Pediatrics.



OP-CR-005

Orbital, Oculoplastic, and Lacrimal

PEDIATRIC ORBITAL CELLULITIS: A CASE OF COMPLICATED SINUSITIS

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BACKGROUND:

Orbital cellulitis is a rapidly progressive, sight- and life-threatening post-septal infection that may lead to vision loss, intracranial extension, and cavernous sinus thrombosis. Children are predisposed due to frequent ethmoid sinusitis, thin lamina papyracea, diploic veins, and immature sinus drainage.

CASE REPORT:

A 12-year-old boy with rhinosinusitis developed fever, mucopurulent discharge, followed by acute left periorbital swelling, eye pain, and ophthalmoplegia after oral amoxicillin and steroids. Visual acuity was 6/10 (NIPH) with no RAPD. CT showed left orbital cellulitis with subperiosteal and intraorbital abscesses, dacryoadenitis, pansinusitis, extraocular muscle involvement, and a frontal subdural collection.

He underwent urgent middle meatal anthrostomy and functional endoscopic sinus surgery together with anterior orbitotomy pus drainage. Following intravenous ceftriaxone and oral cefuroxime, inflammatory markers improved and intracranial extension resolved.

CONCLUSION:

This highlights the importance of early imaging, intravenous antibiotics, and timely surgery to prevent severe complications.

KEYWORDS:

Anterior orbitotomy drainage, diploic veins, ethmoid sinusitis, functional endoscopic sinus surgery, lamina papyracea, and middle meatal anthrostomy.



OP-CR-006

Pediatric Ophthalmology and Strabismus

A CASE REPORT: PEDIATRIC IDIOPATHIC INTRACRANIAL HYPERTENSION (IIH)

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BACKGROUND:

We report an uncommon case of Idiopathic Intracranial Hypertension (IIH) in a pre-pubertal age. Following lumbar puncture and oral acetazolamide, his symptoms persisted and vision only improved after intravenous corticosteroid was given.

CASE REPORT:

An 11-year-old boy with BMI of 25kg/m² with bilateral blurred vision and headache for a month. Examination revealed papilloedema with reduced optic nerve function/ Lumbar puncture showed an opening pressure of >50cmH₂O. Findings from MRI also supported the diagnosis of IIH. Despite oral acetazolamide treatment with input from paediatric neurologist, optic nerve dysfunction and disc swelling persisted until intravenous methylprednisolone was given for 5 days, followed by tapering oral prednisolone.

CONCLUSION:

The overlap between ON and IIH highlights multidisciplinary management and response-guided treatment. This report suggests the possibility of concurrent paediatric IIH and an inflammatory demyelinating event.

KEYWORDS:

Corticosteroids, Dizziness, Headache, Idiopathic Intracranial Hypertension, Optic Neuritis, Papilloedema, Pediatric



OP-CR-007

Pediatric Ophthalmology and Strabismus

RARE EXUDATIVE RETINAL DETACHMENT IN AGGRESSIVE RETINOPATHY OF PREMATURITY: CASE SERIES OF THREE INFANTS

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BACKGROUND:

Aggressive retinopathy of prematurity (AROP) is a fulminant ROP subtype with rapid progression and poor outcomes if untreated. Exudative retinal detachment (ERD) is an exceptionally rare initial presentation making early recognition and intervention critical.

CASE REPORT:

Three infants (gestational age 33–36 weeks; birth weight 1.61–1.8 kg) with risk factors of severe anemia, neonatal abstinence syndrome, congenital pneumonia, and maternal pre-eclampsia developed AROP. All received intravitreal ranibizumab, with orbital floor triamcinolone in two cases, followed by laser indirect ophthalmoscopy (LIO). Two infants achieved regression with residual avascular retina and functional vision. The third presented atypically with bilateral ERD and extensive ischemic retina. Despite multimodal therapy, only partial flattening occurred, with final outcome limited to light perception.

CONCLUSION:

This series highlights the heterogeneity of AROP and the significant diagnostic and management challenges posed by rare ERD presentations.

KEYWORDS:

Aggressive retinopathy of prematurity; exudative retinal detachment; anti-VEGF; ranibizumab; laser therapy; case series



DETASMEN RETINA EKSUDATIF YANG JARANG BERLAKU DALAM RETINOPATI PRAMATANG AGRESIF: SIRI KES TIGA BAYI

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LATAR BELAKANG:

Retinopati pramatang agresif (AROP) ialah subjenis ROP yang fulminan dengan perkembangan pesat serta hasil penglihatan yang buruk jika tidak dirawat. Detasmen retina eksudatif (ERD) merupakan persembahan awal yang amat jarang berlaku, menjadikan pengesanan dan rawatan awal sangat penting.

LAPORAN KES:

Tiga bayi (usia gestasi 33–36 minggu; berat lahir 1.61–1.8 kg) dengan faktor risiko seperti anemia teruk, sindrom pantang neonatal, pneumonia kongenital, dan pra-eklampsia maternal mengalami AROP. Semua menerima suntikan intravitreal ranibizumab, dengan triamcinolone lantai orbital pada dua kes, diikuti oftalmoskopi laser tidak langsung (LIO). Dua bayi menunjukkan regresi dengan retina avaskular sisa dan penglihatan berfungsi. Bayi ketiga hadir secara atipikal dengan ERD dua hala dan retina iskemik meluas. Walaupun terapi multimodal diberikan, hanya perataan separa dicapai dengan hasil akhir terhad kepada persepsi cahaya.

KESIMPULAN:

Siri ini menekankan kepelbagaian AROP serta cabaran diagnostik dan pengurusan yang ketara dalam persembahan ERD yang jarang berlaku.

KATA KUNCI:

Retinopati pramatang agresif; detasmen retina eksudatif; anti-VEGF; ranibizumab; terapi laser; siri kes



OP-CR-008
Retina

OPTIC NERVE METASTASIS MASQUERADING AS CENTRAL RETINAL ARTERY OCCLUSION (CRAO)

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BACKGROUND:

Central retinal artery occlusion (CRAO) is typically associated with thromboembolic disease. Rarely, optic nerve metastasis may present with retinal ischaemic features, creating a diagnostic challenge.

CASE REPORT:

A 44-year-old female with previously treated invasive breast carcinoma presented with a three-week history of progressive painless visual loss in the right eye, headache, and left-sided weakness. Visual acuity was no light perception with a relative afferent pupillary defect. Fundus examination revealed optic disc oedema with neovascularization, diffuse retinal pallor, and a macular cherry-red spot. Neuroimaging demonstrated multiple intracranial metastatic lesions complicated by obstructive hydrocephalus, tonsillar herniation, and ipsilateral optic nerve thickening. Subsequent staging confirmed recurrent invasive breast carcinoma with widespread metastatic disease.

CONCLUSION:

CRAO may occasionally be the ocular manifestation of an underlying infiltrative process rather than primary vascular occlusion. Diagnostic imaging plays important role in identifying optic nerve metastasis and guiding appropriate multidisciplinary management.

KEYWORDS:

Central Retinal Artery Occlusion (CRAO), Optic nerve metastasis, breast cancer



OP-CR-009
 Retina

TRACKING THE INVISIBLE: MULTIMODAL IMAGING GUIDES THE RESCUE OF A PRECIOUS EYE FROM CHALLENGING DUSN-INDUCED CNV

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BACKGROUND:

Diffuse Unilateral Subacute Neuroretinitis (DUSN) is a rare parasitic masquerade causes catastrophic risk in monocular patients. We highlight the pivotal role of multimodal imaging in both diagnosing and managing subsequent vascular complications in a precious eye.

CASE REPORT:

A 63-year-old monocular man, had history of daily bare-handed gardening, presented with right eye vitritis and retinitis, initially treated as endogenous endophthalmitis. Fundus Autofluorescence (FAF) unmasked the diagnosis by revealing classic hyperautofluorescent "track signs" from a migrating subretinal nematode. The worm was halted via oral albendazole and targeted serial focal laser photocoagulation. However, laser and chronic inflammation triggered secondary CNV, which was promptly diagnosed via non-invasive OCTA, highlighting role of multimodal imaging in early identification. Sequential anti-VEGF injections successfully regressed the CNV, stabilizing vision at 6/12.

CONCLUSION:

Multimodal imaging (OCTM, FAF and OCTA) is indispensable for tracking nematode migration and early detection of vision-threatening secondary CNV in complex DUSN cases.

KEYWORDS:

Choroidal neovascularization, Diffuse unilateral subacute neuroretinitis, Fundus autofluorescence, Optical coherence tomography angiography



COSC 2026 – E-POSTER PRESENTATION (RESEARCH BASE)

CATEGORY	CODE	ABSTRACT TITLE
GLAUCOMA	EP-RB-001	EFFECT OF STATIC ACCOMMODATIVE ACTIVITY ON INTRAOCULAR PRESSURE IN PATIENTS WITH PRIMARY OPEN-ANGLE GLAUCOMA: A PROSPECTIVE COMPARATIVE STUDY
	EP-RB-002	EVALUATING THE EFFECTS OF READING ON SMARTPHONE VERSUS PRINTED TEXT ON INTRAOCULAR PRESSURE IN NORMAL SUBJECTS AND PRIMARY OPEN-ANGLE GLAUCOMA PATIENTS
OTHERS: OPHTHALMIC EPIDEMIOLOGY	EP-RB-003	OVERVIEW OF STATISTICS ON THE UNIVERSITY MALAYA SPECTACLES ASSISTANCE PROGRAMME (UM SPECS)
	EP-RB-004	SCREENING TO SPECTACLES: BUILDING A COLLABORATIVE EYE SCREENING AND SPECTACLES PROVISION PROGRAM ACROSS TWO MODELS
PEDIATRIC OPHTHALMOLOGY AND STRABISMUS	EP-RB-005	EPIDEMIOLOGY AND VISUAL OUTCOMES OF PEDIATRIC OCULAR TRAUMA: A 9-YEAR TERTIARY CENTRE EXPERIENCE
RETINA	EP-RB-006	BILATERAL ENDOGENOUS ENDOPHTHALMITIS: A-12 MONTH LESSON
	EP-RB-007	MORE THAN MEETS THE EYE: UNMASKING SILENT CEREBROVASCULAR THREATS IN ACUTE RETINAL ARTERY OCCLUSIONS
	EP-RB-008	VISUAL OUTCOMES AND SURGICAL COMPLICATIONS OF SCLERAL-FIXATED INTRAOCULAR LENS IMPLANTATION: A TWO-YEAR RETROSPECTIVE STUDY



EP-RB-001
Glaucoma

EFFECT OF STATIC ACCOMMODATIVE ACTIVITY ON INTRAOCULAR PRESSURE IN PATIENTS WITH PRIMARY OPEN-ANGLE GLAUCOMA: A PROSPECTIVE COMPARATIVE STUDY

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PURPOSE:

To evaluate changes in intraocular pressure following static accommodative activity in patients with primary open-angle glaucoma among Malaysian population.

STUDY DESIGN:

This study was a prospective open-label interventional clinical trial evaluating changes in intraocular pressure following accommodative and non-accommodative tasks.

METHODS:

This prospective study included 40 patients diagnosed with primary open-angle glaucoma (POAG), who were divided into two groups: accommodative activity (reading for 3 minutes) and non-accommodative activity. Intraocular pressure (IOP) was measured at baseline and immediately after the assigned activity in both groups. The primary outcome was the change in IOP (Δ IOP) following the intervention, and comparisons were made between the two groups to assess the effect of accommodative activity on IOP.

Statistical analysis was performed using mixed effect linear regression and generalized estimating equations to account for inter-eye and within subject correlations. A p-value of <0.05 was considered statistically significant.

RESULTS:

The accommodative group demonstrated a significant reduction in intraocular pressure following the task, with mean IOP decreasing from 16.52 ± 4.20 mmHg at baseline to 14.65 ± 3.75 mmHg post-task (mean reduction: 1.88 mmHg, 95% CI: -2.79 to -0.96; $p < 0.001$). In contrast, the non-accommodative group showed a slight, nonsignificant increase in IOP from 13.50 ± 3.28 mmHg to 13.93 ± 3.23 mmHg post-task (mean increase: 0.43 mmHg, 95% CI: -0.34 to 1.19; $p = 0.279$).

CONCLUSION:

Static accommodative activity was associated with a reduction in intraocular pressure among patients with primary open-angle glaucoma. This effect was observed under controlled conditions using a standardized near task. Further studies are warranted to evaluate the effects of different real-world visual tasks, such as smartphone use and reading materials with varying font sizes and formats, on intraocular pressure.

KEYWORDS:

Accommodative activity, Intraocular pressure, Non-accommodative activity, Primary open-angle glaucoma.



KESAN AKTIVITI AKOMODASI STATIK TERHADAP TEKANAN INTRAOKULAR DALAM PESAKIT GLAUKOMA BERSUDUT TERBUKA PRIMER: SATU KAJIAN PERBANDINGAN PROSPEKTIF.

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TUJUAN:

Mengkaji perubahan tekanan intraokular selepas aktiviti akomodasi statik dalam kalangan pesakit glaukoma bersudut terbuka primer di Malaysia.

REKA BENTUK KAJIAN:

Kajian ini merupakan kajian klinikal intervensi prospektif label terbuka yang menilai perubahan tekanan intraokular selepas aktiviti akomodasi dan bukan akomodasi.

KAEDAH:

Kajian prospektif ini melibatkan 40 pesakit yang didiagnosis dengan glaukoma bersudut terbuka primer (POAG), yang dibahagikan kepada dua kumpulan: kumpulan aktiviti akomodasi (membaca selama 3 minit) dan kumpulan aktiviti bukan akomodasi. Tekanan intraokular (IOP) diukur pada peringkat awal (baseline) dan sejurus selepas aktiviti. Hasil utama kajian ialah perubahan IOP (Δ IOP) selepas intervensi, dan perbandingan dibuat antara kedua-dua kumpulan untuk menilai kesan aktiviti akomodasi terhadap IOP.

Analisis statistik dijalankan menggunakan regresi linear kesan campuran (mixed-effect linear regression) dan persamaan anggaran teritlak (generalized estimating equations, GEE) bagi mengambil kira korelasi antara kedua-dua mata dan korelasi dalam subjek yang sama. Nilai $p < 0.05$ dianggap signifikan secara statistik.

KEPUTUSAN:

Kumpulan akomodasi menunjukkan penurunan tekanan intraokular yang signifikan selepas menjalankan tugas. Purata IOP menurun daripada 16.52 ± 4.20 mmHg pada garis dasar kepada 14.65 ± 3.75 mmHg selepas tugas, dengan purata penurunan sebanyak 1.88 mmHg (95% CI: -2.79 hingga -0.96 ; $p < 0.001$). Sebaliknya, kumpulan bukan akomodasi menunjukkan sedikit peningkatan IOP yang tidak signifikan, daripada 13.50 ± 3.28 mmHg kepada 13.93 ± 3.23 mmHg selepas tugas. Purata peningkatan IOP adalah sebanyak 0.43 mmHg (95% CI: -0.34 hingga 1.19 ; $p = 0.279$).

KESIMPULAN:

Aktiviti akomodasi statik dikaitkan dengan penurunan tekanan intraokular dalam kalangan pesakit glaukoma bersudut terbuka primer. Kesan ini diperhatikan dalam keadaan terkawal yang diseragamkan. Kajian lanjut diperlukan untuk menilai kesan pelbagai tugas visual dalam situasi kehidupan sebenar, seperti penggunaan telefon pintar atau pembacaan bahan dengan pelbagai saiz dan format fon, terhadap tekanan intraokular.

KATA KUNCI:

Aktiviti akomodasi, Aktiviti bukan akomodasi, Glaukoma bersudut terbuka primer, Tekanan intraocular.



EP-RB-002
 Glaucoma

EVALUATING THE EFFECTS OF READING ON SMARTPHONE VERSUS PRINTED TEXT ON INTRAOCULAR PRESSURE IN NORMAL SUBJECTS AND PRIMARY OPEN-ANGLE GLAUCOMA PATIENTS

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PURPOSE:

Smartphone use has become increasingly prevalent worldwide, raising concerns regarding its potential ocular effects, particularly among patients with primary open-angle glaucoma (POAG), in whom intraocular pressure (IOP) remains the principal modifiable risk factor for disease progression. Previous studies have suggested that near work and accommodation may influence IOP; however, evidence regarding the impact of smartphone reading remains limited and inconclusive. This study aimed to compare the effects of smartphone and printed-text reading on IOP among medically controlled POAG patients and healthy individuals.

STUDY DESIGN:

Prospective comparative repeated-measures crossover study.

METHODS:

This study was conducted at the Department of Ophthalmology, Hospital Tuanku Ampuan Najihah, Malaysia, between November 2025 and April 2026. Fifty-two participants comprising 25 medically controlled POAG patients and 27 healthy controls were recruited. All participants underwent both smartphone and printed-text reading sessions on separate visits using a crossover design. Intraocular pressure was measured using an iCare TA01i rebound tonometer at baseline, immediately after 20 minutes of reading, and 5 minutes following cessation of reading. Reading distance, font size, room illumination, and reading duration were standardized to minimize confounding factors. Comparisons between reading modalities, participant groups, and time points were analyzed using paired and independent sample t-tests, with statistical significance set at $p < 0.05$.

RESULTS:

The mean age of participants was 49.5 ± 6.4 years. POAG patients were significantly older than healthy controls (52.0 ± 6.4 vs 47.2 ± 5.5 years, $p = 0.005$). No significant differences in IOP were observed between smartphone and printed-text reading at baseline, after 20 minutes of reading, or 5 minutes post-reading in either POAG patients or healthy controls (all $p > 0.05$). Within-group analyses similarly demonstrated no significant IOP changes over time during either reading modality (all $p > 0.05$). POAG patients exhibited significantly higher baseline IOP than controls during the printed-text session (16.88 ± 3.80 vs 14.67 ± 3.53 mmHg, $p = 0.034$), although this difference was not observed during smartphone reading or at subsequent measurement time points.

CONCLUSION:

Smartphone reading did not result in significantly different IOP changes compared with printed-text reading among medically controlled POAG patients or healthy individuals. Furthermore, neither reading modality induced significant short-term IOP fluctuations. These findings suggest that brief smartphone reading is unlikely to produce clinically meaningful acute IOP changes in treated POAG patients and may provide reassurance regarding the short-term ocular safety of smartphone use in this population.

KEYWORDS:

Intraocular pressure, Primary open-angle glaucoma, Printed text, Reading, Smartphone



EP-RB-003

Others: Ophthalmic Epidemiology

OVERVIEW OF STATISTICS ON THE UNIVERSITY MALAYA SPECTACLES ASSISTANCE PROGRAMME (UM SPECS)

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PURPOSE:

Visual impairment due to uncorrected refractive errors remains a significant yet under-recognised problem among university students. The University of Malaya Spectacles Assistance Programme (UM SPECS) was established to improve access to eye screening and ophthalmic care among students, particularly those from underserved socioeconomic backgrounds. This study describes the screening outcomes and demographic characteristics of students identified through the programme.

STUDY DESIGN:

A cohort vision screening programme was conducted across eight faculties at the UM between June 2025 and May 2026.

METHODS:

Visual acuity (VA) screening was performed using the Rapid Assessment Visual Acuity Chart (RAVAC).

Students who failed the initial screening were referred for comprehensive ophthalmic assessment (Phase 2). Demographic, visual correction, and socioeconomic data were analysed.

RESULTS:

A total of 1369 students were screened, with a mean age of 21 years (range, from 18-25 years). Of these, 450 students (32.8%) demonstrated reduced VA. Among those referred, 359 students (79.8%) attended

Phase 2 assessment, and 279 (77.7%) completed the evaluation. Among the screened students, females accounted for 62% and males 38%. Regarding visual correction status, 240 students (66.8%) were current spectacle wearers, 12 (3.3%) used contact lenses, while a substantial proportion presented without prior visual correction. Socioeconomic assessment revealed that 223 students (62.1%) belonged to the B40 income group, indicating that a large proportion of students requiring further ophthalmic evaluation were from lower-income households.

CONCLUSION:

Nearly one-third of screened university students required further ophthalmic evaluation, highlighting the burden of unmet visual needs within this population. The UM SPECS programme successfully identified students with potential visual impairment and facilitated access to eye care services, particularly among those from lower socioeconomic backgrounds. These findings support the feasibility and value of university-based vision screening program in improving access to eye care and promoting early detection of visual impairment.

KEYWORDS:

community ophthalmology, eye care access, eye screening, refractive error, university students.



GAMBARAN KESELURUHAN STATISTIK PROGRAM BANTUAN CERMIN MATA UNIVERSITI MALAYA (UM SPECS)

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TUJUAN:

Gangguan penglihatan akibat masalah kerabunan yang tidak diperbetulkan kekal menjadi masalah yang signifikan dan kurang dipandang berat dalam kalangan pelajar universiti. Program UM SPECS telah ditubuhkan untuk meningkatkan akses pemeriksaan dan penjagaan mata dalam kalangan pelajar, terutamanya pelajar daripada latar belakang sosioekonomi yang kurang berkemampuan. Kajian ini menerangkan hasil saringan dan ciri-ciri demografi pelajar yang dikenal pasti melalui program tersebut.

REKA BENTUK KAJIAN:

Program saringan penglihatan kohort telah dijalankan di lapan fakulti di UM antara Jun 2025 dan Mei 2026.

KAEDAH:

Saringan ketajaman penglihatan (*Visual acuity*) dilakukan dengan menggunakan *Rapid Assessment Visual Acuity Chart* (RAVAC). Pelajar yang gagal dalam saringan awal telah dirujuk untuk penilaian oftalmik yang komprehensif (Fasa 2). Data demografi, pembetulan penglihatan, dan sosioekonomi telah dianalisis.

HASIL KAJIAN:

Seramai 1369 pelajar telah disaring, dengan purata umur 21 tahun (julat, dari 18-25 tahun). Daripada jumlah ini, seramai 450 pelajar (32.8%) menunjukkan penurunan ketajaman penglihatan (VA). Dalam kalangan mereka yang dirujuk, seramai 359 pelajar (79.8%) menghadiri penilaian Fasa 2, dan 279 pelajar (77.7%) melengkapkan penilaian tersebut.

Dalam kalangan pelajar yang disaring, pelajar perempuan merangkumi 62% manakala pelajar lelaki merangkumi 38%. Mengenai status pembetulan penglihatan, seramai 240 pelajar (66.8%) merupakan pemakai cermin mata sedia ada, 12 pelajar (3.3%) menggunakan kanta sentuh, manakala sebahagian besar lagi hadir tanpa pembetulan penglihatan terdahulu. Penilaian sosioekonomi mendedahkan bahawa seramai 223 pelajar (62.1%) tergolong dalam kumpulan pendapatan B40, menunjukkan bahawa sebahagian besar pelajar yang memerlukan penilaian oftalmik lanjut adalah daripada isi rumah berpendapatan rendah.

KESIMPULAN:

Dapatan kajian menunjukkan bahawa hampir satu per tiga daripada keseluruhan pelajar universiti yang disaring memerlukan penilaian oftalmik lanjutan. Keputusan ini menyerlahkan beban keperluan penjagaan penglihatan yang belum dipenuhi dalam populasi ini. Program ini telah Berjaya mengenal pasti golongan pelajar yang berisiko mengalami gangguan penglihatan dan mempermudah akses perkhidmatan penjagaan mata, terutamanya bagi golongan berpendapatan rendah. Penemuan ini membuktikan kebolehlaksanaan dan nilai intervensi saringan Kesihatan di peringkat universiti dalam menggalakkan pengesanan awal gangguan penglihatan dan penjagaan mata.

KATA KUNCI:

Oftalmologi Komuniti, Akses penjagaan mata, Saringan mata, Ralat refraksi, pelajar universiti



EP-RB-004

Others: Ophthalmic Epidemiology

SCREENING TO SPECTACLES: BUILDING A COLLABORATIVE EYE SCREENING AND SPECTACLES PROVISION PROGRAM ACROSS TWO MODELS

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PURPOSE:

To describe the operational protocol, inter-team coordination framework, and workflow of a two-site campus eye screening and spectacles provision program, and to compare outcomes across two implementation models.

STUDY DESIGN:

Descriptive program evaluation with comparative workflow analysis across two implementation models.

METHODS:

The program was built on structured collaboration among five stakeholder groups: an ophthalmology team of consultants, medical officers, optometrists, and ophthalmic technicians leading clinical execution; an urban campus student affairs division coordinating venues, faculty liaison, student financial eligibility data, and institutional approvals; a remote campus administrative team fulfilling an equivalent role for the off-site program; an external corporate sponsor providing frames and lenses alongside third-party optical edging house; and medical student volunteers providing data capture on site.

Pre-program groundwork encompassed venue and date confirmation, volunteer recruitment and briefing, equipment preparation, REDCap configuration, and financial eligibility verification.

Two delivery models were employed. The urban campus model operated in two phases: Phase 1 Rapid Assessment Visual Acuity Chart screening at faculty venues by supervised

volunteers, followed by Phase 2 formal refraction at a hospital-based eye clinic. Eligible lower-income students received sponsored spectacles with prescriptions forwarded for edging and dispensing. The remote campus model consolidated both phases into a two-day single-visit program, eliminating inter-phase attrition.

RESULTS:

Across eight campus visits, 1,369 students were screened (penetration 4.7–64.6%). Phase 1 failure rates ranged from 20.4–57.4%, yielding 450 refraction referrals; 279 were completed and 164 were eligible for sponsored spectacles, with 118 pairs produced to date. The remote campus single-visit model achieved 100% Phase 2 completion with zero backlog, compared to completion rates of 27–85% and 80 cumulative pending refractions across the two-phase urban sites.

CONCLUSION:

Successful delivery hinged on sustained multi-team communication and clearly defined role delineation across all stakeholder groups. The single-visit combined model outperformed the two-phase sequential model in both completion and operational efficiency. Standardizing this consolidated approach, supported by structured volunteer briefing and streamlined lens fabrication pipelines, is recommended for future program scale-up.

KEYWORDS:

Collaboration, implementation models, ophthalmic epidemiology, protocol, workflow



EP-RB-005

Pediatric Ophthalmology and Strabismus

EPIDEMIOLOGY AND VISUAL OUTCOMES OF PEDIATRIC OCULAR TRAUMA: A 9-YEAR TERTIARY CENTRE EXPERIENCE

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PURPOSE:

Ocular trauma is a leading cause of preventable visual morbidity in children. Children are particularly vulnerable to ocular trauma due to exploratory behaviour, limited hazard awareness, and participation in recreational and sporting activities. Understanding the local epidemiology of pediatric ocular trauma is essential to guide clinical management and preventive strategies.

OBJECTIVES:

To describe the epidemiological profile, injury characteristics, clinical management, and visual outcomes of pediatric ocular trauma cases presenting to a tertiary ophthalmology centre over 9 years.

METHODS:

A retrospective audit was conducted on all ocular trauma cases managed at Hospital Canselor Tuanku Muhriz (HCTM), a tertiary referral centre, from July 2013 to November 2022. Pediatric patients aged ≤ 18 years were identified and included in the analysis. Data collected included patient demographics, laterality, mechanism and type of injury, place and time of injury, presenting and final best-corrected visual acuity (BCVA) classified using WHO grading, adnexal involvement, surgical interventions, and duration of hospitalisation.

RESULTS:

A total of **23 pediatric cases** (11.8% of 195 total ocular trauma cases) were identified. The mean age was **14.3 $\pm$ 2.4 years** (range: 10–18 years), with a male predominance (**73.9%; M: F ratio, 2.8:1**). **The majority were Malay (82.6%)**, and most were students (91.3%).

The right eye was most commonly affected (52.2%), with bilateral involvement in 13.0% of cases. Closed globe injuries predominated (82.6%), with contusion being the most frequent subtype (78.3%). Open globe injuries accounted for 17.4%,

comprising laceration injuries (including penetrating injuries, 13.0%) and globe rupture (4.3%).

The leading mechanisms of injury were **motor vehicle accidents** and **assault/play injuries** (17.4% each), followed by explosive/fireworks, sports (ball), foreign body/dust, and badminton-related injuries (13.0% each). Most injuries occurred at **home** (34.8%) and **recreational areas** (30.4%), predominantly during morning and evening hours.

Adnexal injuries were present in **26.1%** of cases, involving the eyelid (17.4%), orbital wall (13.0%), and lacrimal apparatus (4.3%). RAPD was detected in 8.7% of patients.

Regarding visual outcomes, 78.3% of patients presented with good vision (WHO Grade 1: 6/6–6/18), while 17.4% presented as blind ($<3/60$ –NLP). Final visual outcomes were favourable, with 91.3% achieving WHO Grade 1 visual acuity and no cases demonstrating visual deterioration. Surgical intervention was required in 43.5% of cases. Mean hospitalisation duration was 2.0 ± 1.6 days.

CONCLUSION:

Pediatric ocular trauma at Hospital Canselor Tuanku Muhriz predominantly affects adolescent males, with closed globe contusions being the most common injury type. Despite diverse injury mechanisms, visual outcomes were favourable, with over 90% achieving good final visual acuity and no cases of visual deterioration. These findings highlight the importance of targeted injury-prevention strategies, particularly within the home and recreational settings, including parental education, sports eye protection, and road safety initiatives.

KEYWORDS:

Ocular Trauma, Pediatric, Ophthalmology



EP-RB-006
 Retina

BILATERAL ENDOGENOUS ENDOPHTHALMITIS: A-12 MONTH LESSON

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PURPOSE:

Bilateral endogenous endophthalmitis is an uncommon intraocular infection caused by hematogenous spread of infection from a distant infective source. It is an ocular emergency with severe sight-threatening complication. Early treatment is essential to reduce risk of devastating visual sequelae. This study aims to identify systemic risk factors, infective sources, microbiology and outcomes of bilateral endogenous endophthalmitis.

STUDY DESIGN:

This study is a retrospective case series conducted over 12-month period.

METHODS:

Medical records of patient diagnosed with bilateral eyes endogenous endophthalmitis were reviewed. The inclusion criteria were confirmed case of bilateral endogenous endophthalmitis based on clinical and/or microbiological findings. A total of six patients were included according to the predefined inclusion criteria. Clinical data were extracted from the medical records and analysed retrospectively.

RESULTS:

Total of 6 patients were recruited, comprising 3 males (50%) and 3 females (50%). All had a common risk factor, which is diabetes mellitus. Blood cultures were positive for *Klebsiella pneumoniae* in two patients (33.3%), *Staphylococcus aureus* in two patients (33.3%), *Candida albicans* (16.7%) for one patient. Two

patients (33.3%) died from septic shock during hospitalization after receiving intravitreal injection once. Two patients (33.3%) with blood culture positive for *Klebsiella pneumoniae* were not medically fit for intervention, eventually required enucleation of 1 eye and fellow eye vision of no perception of light. Two patients (33.3%) was able to achieve unilateral visual improvement after receiving more than 4 intravitreal injection, while the fellow eye required vitrectomy. A wide range of infective foci was identified, including shoulder septic arthritis, catheter-related bloodstream infection, pneumonia, liver abscess, thigh abscess, postpartum occult sepsis, right lower limb necrotizing fasciitis, and scalp abscess.

CONCLUSION:

Endogenous endophthalmitis carries poor visual prognosis, especially when gram negative organisms are involved. Diabetes mellitus is one of the major risks for endogenous endophthalmitis. Two of the most common causative organisms are *Staphylococcus aureus* and *Klebsiella pneumoniae*. Early medical and surgical intervention should be instituted promptly in all cases of endogenous endophthalmitis, however management may be challenging when patients are medically unstable to undergo invasive procedures.

KEYWORDS:

Diabetes, Endogenous, Endophthalmitis, *Klebsiella*, *Staphylococcus*



EP-RB-007
 Retina

MORE THAN MEETS THE EYE: UNMASKING SILENT CEREBROVASCULAR THREATS IN ACUTE RETINAL ARTERY OCCLUSIONS

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PURPOSE:

To evaluate the clinical characteristics, systemic associations, management approaches and visual outcomes of patients presenting with retinal and ophthalmic artery occlusions.

STUDY DESIGN:

A retrospective observational review based on a clinical data registry in a tertiary centre.

METHODS:

A retrospective analysis was conducted on seven patients who presented with acute unilateral blurring of vision between May and September 2025. The diagnosis included Central Retinal Artery Occlusion (CRAO), cilioretinal artery occlusion, and ophthalmic artery occlusion. Evaluated parameters included time to presentation, presenting and discharge visual acuity (VA), comorbidities, and the spectrum of ophthalmic, medical, and radiological interventions undertaken.

RESULTS:

Patient presentation time ranged from 13 hours to 5 days post-symptom onset. The most prevalent comorbidity was hypertension (6 of 7 patients), followed by diabetes mellitus (3 of 7) and a history of cerebrovascular accidents (3 of 7). Specific diagnoses included CRAO (5 cases), isolated cilioretinal artery occlusion (1 case), and ophthalmic artery occlusion secondary to internal carotid artery (ICA) thrombosis (1 case). Presenting VA was severely diminished, ranging from no perception of light (NPL) to 3/60. Initial ophthalmic management consistently involved ocular massage, rebreathing in a paper bag, and administration of acetazolamide (Diamox). All patients received prompt medical referrals

within one day, initiating systemic management with antiplatelets, statins, and antihypertensives. Expedited neuroimaging (CT/CTA Brain and Carotids) revealed significant concurrent systemic pathologies, including multifocal cerebral infarcts, saccular aneurysms, and an acute pontine bleed. Despite acute interventions, the visual prognosis was poor, with discharge VA ranging between NPL and Counting Fingers (CF).

CONCLUSION:

Retinal and ophthalmic artery occlusions are acute emergencies characterized by severe, often irreversible vision loss. While acute ocular treatments resulted in poor visual recovery in this series, the strong association with underlying systemic vascular diseases underscores the critical need for immediate neuroimaging and multidisciplinary medical management to detect and treat concurrent life-threatening cerebrovascular conditions. These findings underscore a shift in clinical priority from vision preservation to the prevention of neurological morbidity and mortality, highlighting the importance of early recognition and coordinated multidisciplinary management to optimize patient outcomes.

KEYWORDS:

Central Retinal Artery Occlusion, Ophthalmic Artery Occlusion, Visual Acuity, Ocular Emergency



EP-RB-008
Retina

VISUAL OUTCOMES AND SURGICAL COMPLICATIONS OF SCLERAL-FIXATED INTRAOCULAR LENS IMPLANTATION: A TWO-YEAR RETROSPECTIVE STUDY

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PURPOSE:

To evaluate the visual outcomes of patients who underwent pars plana vitrectomy (PPV) with scleral-fixated intraocular lens (SFIOL) implantation and to determine the incidence and spectrum of complications associated with the procedure.

STUDY DESIGN:

A retrospective review.

METHODS:

This retrospective data analysis included patients who underwent PPV with SFIOL implantation by a single surgeon at Hospital Sultanah Bahiyah between January 2023 and December 2024. Patients with a minimum follow-up period of 6 months were recruited. All patients underwent sutureless scleral fixation of a three-piece intraocular lens using the Yamane technique. Only KOWA three-piece intraocular lenses were used in all cases.

RESULTS:

A total of 32 patients were included in this study. The mean age was 59.53 ± 16.03 years, with 26 males (81.3%) and 6 females (18.8%). The ethnic distribution comprised 25 Malay (78.1%), 5 Chinese (15.6%), 1 Indian (3.1%), and 1 Siamese (3.1%) patients. The left eye was affected in 20 cases (62.5%) and the right eye in 12 cases (37.5%). Of the 32 patients, 11 (34.4%) had concomitant ocular pathology.

The most common indication for surgery was subluxated intraocular lens (34.4%), followed

by spontaneous subluxated lens (18.8%), dislocated intraocular lens (18.8%), traumatic dislocated lens (9.4%), iatrogenic aphakia (9.4%), traumatic subluxated lens (6.3%), and dropped nucleus (3.1%).

Mean preoperative best-corrected visual acuity (BCVA) was 0.94 ± 0.77 (in LogMAR, logarithm of the minimum angle of resolution), which improved to 0.54 ± 0.53 at 6 months postoperatively (p value < 0.001).

Intraoperative complications included retinal breaks in 3 cases. Postoperative complications included transient corneal oedema (21.9%), raised intraocular pressure (31.3%), macular oedema (15.6%), vitreous haemorrhage (3.1%), scleral-fixated IOL decentration within the visual axis (6.3%), optic capture (3.1%), and choroidal detachment (3.1%).

CONCLUSION:

PPV with SFIOL implantation was associated with improved postoperative visual acuity in patients with complex aphakia and lens dislocation. Although postoperative complications were observed, most were manageable and relatively few were sight-threatening. These findings suggest that SFIOL implantation is a useful option for visual rehabilitation in appropriately selected patients.

KEYWORDS:

Aphakia; Pars plana vitrectomy; Scleral-fixated intraocular lens; Visual outcomes



COSC 2026 – E-POSTER PRESENTATION (CASE REPORT)

CATEGORY	CODE	ABSTRACT TITLE
CORNEA, EXTERNAL EYE DISEASES, AND EYE BANKING	EP-CR-001	“WHEN HEART MEETS ORBIT: MANAGING SIGHT-THREATENING THYROID EYE DISEASE IN A HIGH-RISK CARDIAC PATIENT”
	EP-CR-002	A CASE OF PERIPHERAL ULCERATIVE KERATITIS ASSOCIATED WITH RHEUMATOID ARTHRITIS AND MANTLE CELL LYMPHOMA
	EP-CR-003	A CASE REPORT OF RIGHT EYE LIMBAL DERMOID
	EP-CR-004	A FUNGUS IN DUSGUISE: A CASE OF ASPERGILLUS FUMIGATUS KERATITIS WITH GOOD VISUAL RECOVERY
	EP-CR-005	A HIDDEN IRRITANT: OPHTHALMIA NODOSA FOLLOWING OCULAR INSECT INJURY
	EP-CR-006	A RARE CULPRIT, A DEVASTATING OUTCOME: BURKHOLDERIA CENOCEPACIA ENDOPHTHALMITIS REQUIRING EVISCERATION
	EP-CR-007	ADVANCED BILATERAL LIMBAL STEM CELL DEFICIENCY IN CLINICALLY DIAGNOSED KERATITIS-ICHTHYOSIS-DEAFNESS (KID) SYNDROME: A CASE REPORT
	EP-CR-008	BEYOND CAT-SCRATCH DISEASE: ATYPICAL PARINAUD OCULOGLANDULAR SYNDROME ASSOCIATED WITH MYCOPLASMA PNEUMONIAE IN A PATIENT RECEIVING ETANERCEPT
	EP-CR-009	CLINICAL SPECTRUM AND OUTCOMES OF CULTURE-PROVEN PSEUDOMONAS KERATITIS: A CASE SERIES
	EP-CR-010	EARLY TOPICAL INSULIN FOR CONCOMITANT NEUROTROPHIC AND INFECTIVE BACTERIAL CORNEAL ULCERS
	EP-CR-011	EYES UNDER ATTACK: SECONDARY KERATITIS FOLLOWING RETAINED CORNEAL BEE STINGER INJURY
	EP-CR-012	FROM SCLERA TO CORNEA: PERIPHERAL ULCERATIVE KERATITIS IN ANCA-POSITIVE VASCULITIS
	EP-CR-013	HEALING LENS, HIDDEN HARM: A CASE OF GIANT PAPILLARY CONJUNCTIVITIS IN A THERAPEUTIC CONTACT LENS USER
	EP-CR-014	OCULAR TUBERCULOSIS PRESENTING AS CHRONIC ANTERIOR NODULAR SCLERITIS: A CASE REPORT
	EP-CR-015	PERFORATION OF A BLIND EYE SECONDARY TO EYE RUBBING
	EP-CR-016	PROGRESSIVE CICATRICAL OCULAR SURFACE DISEASE FOLLOWING PEDIATRIC FIRECRACKER INJURY REQUIRING COMPLEX RECONSTRUCTION
	EP-CR-017	SNOWFLAKES ON THE EYES: A LATE PRESENTATION OF GRANULAR CORNEAL DYSTROPHY TYPE 1
	EP-CR-018	STUCK-ON LESIONS, STUCK-ON DIAGNOSIS: MICROSPORIDIAL KERATOCONJUNCTIVITIS
	EP-CR-019	THE MYSTERY OF THE RED EYE
	EP-CR-020	VISION-THREATENING CORNEAL COMPLICATIONS SECONDARY TO CHRONIC VERNAL KERATOCONJUNCTIVITIS IN A CHILD



	EP-CR-021	WHEN A SMILE TURNS UPSIDE DOWN: SEVERE PSEUDOMONAS AERUGINOSA KERATITIS SECONDARY TO POOR CONTACT LENS HYGIENE
	EP-CR-022	WHEN PERINEURAL KERATITIS SPEAKS: EARLY CLINICAL DIAGNOSIS OF ACANTHAMOEBA KERATITIS IN ADOLESCENT COSMETIC CONTACT LENS USER.
	EP-CR-023	WHEN PICKY EATING THREATENS SIGHT: XEROPHTHALMIA IN A CHILD WITH RESTRICTIVE DIET
	EP-CR-024	WHEN THE FOREIGN BODY HAS WINGS: RETAINED BEE STINGER AT THE CORNEAL LIMBUS
EYELID & LACRIMAL PERIOULAR	EP-CR-025	HIDDEN CULPRIT: KLEBSIELLA PNEUMONIAE IN A CONJUNCTIVA GRANULOMA
	EP-CR-026	MEDIAL CANTHAL SWELLING IN A TODDLER: PERIORBITAL CUTANEOUS SPOROTRICHOSIS MASQUERADING AS DACRYOCYSTITIS
	EP-CR-027	NECROTISING SCLERITIS POST SUBTENON TRIAMCINOLONE ACETONIDE INJECTION - A RARE COMPLICATION
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GLAUCOMA	EP-CR-029	A RARE CASE OF AXENFELD-RIEGER SYNDROME PRESENTING WITH VERTIGO
	EP-CR-030	AWAKENING THE QUIESCENT EYE: REACTIVATION OF THYROID EYE DISEASE POST GLAUCOMA DRAINAGE DEVICE
	EP-CR-031	NEOVASCULAR GLAUCOMA AFTER CENTRAL RETINA ARTERY OCCLUSION: EARLY INTERVENTION FOR BETTER OUTCOMES
	EP-CR-032	VISUAL REHABILITATION IN AN APHAKIC EYE WITH SECONDARY GLAUCOMA: COMBINED SCLERAL-FIXATED INTRAOCULAR LENS REIMPLANTATION AND AHMED CLEARPATH 250 IMPLANTATION FOLLOWING VITREORETINAL SURGERY
	EP-CR-033	WHEN GLAUCOMA IS NOT THE CULPRIT: AN UNEXPECTED FINDING OF ORBITAL CAVERNOUS HEMANGIOMA
NEURO-OPHTHALMOLOGY	EP-CR-034	A CASE REPORT OF PITUITARY ADENOMA; THE SINISTER SNOWMAN
	EP-CR-035	BILATERAL RETROBULBAR OPTIC NEURITIS
	EP-CR-036	CLINICAL PRESENTATION AND SURGICAL OUTCOMES IN TWO CASES OF PITUITARY APOPLEXY
	EP-CR-037	CLOUDING THE OPTIC NERVE: A RARE COMPLICATION OF DASATINIB
	EP-CR-038	DIAGNOSTIC AND THERAPEUTIC DILEMMAS IN THE ORBIT: A CASE OF RELAPSING TOLOSA-HUNT SYNDROME
	EP-CR-039	DIAGNOSTIC CHALLENGE: ATYPICAL OPTIC NEURITIS MIMICKING NAION
	EP-CR-040	FROM NEAR-BLINDNESS TO FUNCTIONAL RECOVERY AN ATYPICAL PRESENTATION OF A PITUITARY MACROADENOMA
	EP-CR-041	GIANT NON-FUNCTIONING PITUITARY ADENOMA MASKED BY MILD PTOSIS



	EP-CR-042	HEADACHE AND PAPILLOEDEMA: A THREE CASE SERIES OF IDIOPATHIC INTRACRANIAL HYPERTENSION
	EP-CR-043	INTERNUCLEAR OPHTHALMOPLEGIA AS THE INITIAL MANIFESTATION OF PAEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS
	EP-CR-044	ISCHEMIA OR INVASION? DECODING A SIXTH NERVE PALSYP IN A HYPERTENSIVE PATIENT
	EP-CR-045	LEBER HEREDITARY OPTIC NEUROPATHY ACROSS THE AGE SPECTRUM: A CASE SERIES OF TWO GENETICALLY CONFIRMED CASES WITH THE M.11778G>A MUTATION
	EP-CR-046	OMG, IT'S TOO HOT: HEATWAVE-ASSOCIATED OCULAR MYASTHENIA GRAVIS
	EP-CR-047	RECOVERY OF VISUAL PERCEPTION IN CORTICAL BLINDNESS
	EP-CR-048	THE EYE AS THE MESSENGER: UNILATERAL OPTIC NEUROPATHY AND ABDUCENS NERVE PALSYP REVEALING ADVANCED NASOPHARYNGEAL CARCINOMA
	EP-CR-049	THE SILENT SINUS: POSTPARTUM CAVERNOUS SINUS THROMBOSIS PRESENTING AS MULTIPLE CRANIAL NERVE PALSIES
	EP-CR-050	THYROID EYE DISEASE VS. CCF: NAVIGATING THE DIAGNOSTIC DILEMMA OF CONCURRENT HYPERTHYROIDISM
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ONCOLOGY	EP-CR-054	A SHADOW BENEATH THE RETINA: AN OCULAR DIAGNOSTIC CHALLENGE
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	EP-CR-057	MALIGNANT CONJUNCTIVAL MELANOMA
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	EP-CR-059	THE EYE AS A WINDOW TO LYMPHOMA: SECONDARY VITREORETINAL LYMPHOMA REVEALING STAGE IV DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL)
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ORBITAL, OCULOPLASTIC, AND LACRIMAL	EP-CR-061	A DANGEROUS NOSE PICK: ORBITAL CELLULITIS WITH SEPTIC CAVERNOUS SINUS THROMBOSIS
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	EP-CR-065	FROM SINUS TO ORBIT: A CASE SERIES OF ORBITAL CELLULITIS AND CAVERNOUS SINUS THROMBOSIS COMPLICATING SINUSITIS
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	EP-CR-068	LYMPHOMA OR LOOK-ALIKE? ADULT-ONSET ORBITAL XANTHOGRANULOMA AS A DIAGNOSTIC CHALLENGE
	EP-CR-069	MOVING EYE IN TOLOSA-HUNT SYNDROME
	EP-CR-070	PERIOcular BASAL CELL CARCINOMA: A CASE SERIES DEMONSTRATING DIVERSE CLINICAL PRESENTATIONS AND OUTCOMES.
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OTHERS: CATARACT	EP-CR-141	ACUTE PAINFUL RED EYE: A CASE OF FULMINANT ENDOGENOUS PANOPHTHALMITIS
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EP-CR-001

Cornea, External Eye Diseases, and Eye Banking

“WHEN HEART MEETS ORBIT: MANAGING SIGHT-THREATENING THYROID EYE DISEASE IN A HIGH-RISK CARDIAC PATIENT”

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BACKGROUND:

Thyroid eye disease (TED) is a known cause of sight-threatening exposure keratopathy.

CASE REPORT:

A 33-year-old male with heart failure presented with right eye (RE) redness and blurred vision. Examination revealed RE proptosis, restrictive ophthalmoplegia, exposure keratopathy with corneal ulceration, and elevated intraocular pressure. Optic nerve function was preserved. CT orbit demonstrated right TED without compressive optic neuropathy. Corneal scraping grew *Moraxella lacunata*. Thyroid function test showed suppressed TSH with normal FT3 and FT4. He was treated with topical antibiotics, anti-glaucoma, lateral tarsorrhaphy, intravenous methylprednisolone, and oral mycophenolate mofetil, resulting in vision improvement from counting fingers to 6/24 (PH 6/18). He was co-managed with the endocrine team. He is currently awaiting orbital decompression surgery.

CONCLUSION:

Careful multidisciplinary approach is necessary to enable safe steroid administration for visual preservation in high risk, sight-threatening TED patients.



EP-CR-002

Cornea, External Eye Diseases, and Eye Banking

A CASE OF PERIPHERAL ULCERATIVE KERATITIS ASSOCIATED WITH RHEUMATOID ARTHRITIS AND MANTLE CELL LYMPHOMA

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BACKGROUND:

Peripheral ulcerative keratitis (PUK) is commonly associated with autoimmune disease and rarely reported with haematological malignancy.

CASE REPORT:

A 57-year-old man with hypertension and gout presented with a six-month history of enlarging left eye conjunctival swelling. Right eye vision was 6/18 and left eye vision was 6/9. Examination revealed an indurated left eye nasal conjunctival mass with cervical lymphadenopathy. Bilateral fundus examination was unremarkable. He later developed bilateral peripheral corneal infiltrates with thinning and perforation. Investigations showed elevated inflammatory markers, rheumatoid factor, dsDNA and LDH while infective workup was negative. Differential diagnoses included rheumatoid-arthritis associated PUK, vasculitis and malignancy. Conjunctival biopsy confirmed mantle cell lymphoma and PET scan demonstrated stage IV disease. Treatment with corticosteroids, lamellar keratoplasty and Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisolone (R-CHOP) chemotherapy stabilised ocular inflammation.

CONCLUSION:

This case highlights PUK secondary to rheumatoid arthritis with coexisting mantle cell lymphoma, emphasising diagnostic complexity and the need for early multidisciplinary management.

KEYWORDS:

Mantle cell lymphoma, Peripheral ulcerative keratitis, Rheumatoid arthritis



LAPORAN KES DERMOID LIMBUS MATA KANAN

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LATAR BELAKANG:

Dermoid limbus merupakan koristoma kongenital benigna yang lazimnya muncul sebagai lesi berwarna putih kekuningan di kawasan limbus korneosklera. Lesi ini boleh menyebabkan gangguan penglihatan dan kecacatan kosmetik akibat pembesaran secara progresif.

LAPORAN KES:

Seorang remaja perempuan berbangsa Murut berusia 16 tahun tanpa penyakit perubatan yang diketahui hadir dengan ketumbuhan pada kornea mata kanan sejak lahir, yang didapati semakin membesar dalam tempoh satu tahun dan menyebabkan penglihatan kabur yang semakin bertambah. Tiada sejarah trauma okular, pembedahan mata, atau sejarah keluarga yang signifikan. Ketajaman penglihatan adalah 6/20 pada mata kanan dan 6/10 pada mata kiri. Pemeriksaan lampu celah (slit- lamp) menunjukkan satu jisim limbus inferotemporal berukuran 6 × 6 mm dengan folikel rambut yang meluas ke atas kornea tanpa kehadiran salur darah pemakanan (feeder vessels). Selebihnya, pemeriksaan oftalmologi adalah tidak menunjukkan sebarang kelainan. Pesakit menjalani biopsi eksisi dermoid limbus dengan cantuman tampalan kornea (corneal patch graft) dan kini masih dalam pemantauan susulan.

KESIMPULAN:

Kes ini menekankan kepentingan mengenal pasti dermoid limbus sebagai salah satu diagnosis pembezaan bagi jisim kornea dan limbus kongenital. Pengenalpastian awal dan intervensi pembedahan yang sesuai dapat mencegah kemerosotan penglihatan progresif akibat astigmatisme teraruh, memperbaiki penampilan kosmetik, serta membolehkan pengesanan diagnosis secara histopatologi.

KATA KUNCI:

jisim kornea dan limbus kongenital, dermoid limbus.



EP-CR-003

Cornea, External Eye Diseases, and Eye Banking

A CASE REPORT OF RIGHT EYE LIMBAL DERMOID

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BACKGROUND:

Limbal dermoid is a benign congenital choristoma, presenting as a whitish-yellowish lesion at the corneoscleral limbus, which may cause visual and cosmetic impairment with progressive enlargement.

CASE REPORT:

A 16-year-old Murut girl with no known medical illness presented with a right corneal mass since birth, which had enlarged over 1 year, causing progressive blurred vision. There was no history of ocular trauma, surgery, or significant family history. Visual acuity was 6/20 (right) and 6/10(left). Slit-lamp examination revealed a 6×6 mm inferotemporal limbal mass with hair follicles extending onto the cornea, without feeder vessels. The remainder of the ocular examination was unremarkable. She underwent limbal dermoid excision biopsy with corneal patch graft and remains under follow-up.

CONCLUSION:

This case highlights the importance of recognizing limbal dermoids as a differential diagnosis of congenital corneal and limbal masses. Early identification and surgical intervention can prevent progressive visual impairment from induced astigmatism, improve cosmesis, and provide definitive histopathological diagnosis.

KEYWORDS:

congenital corneal and limbal masses, limbal dermoids.



EP-CR-004

Cornea, External Eye Diseases, and Eye Banking

A FUNGUS IN DISGUISE: A CASE OF *ASPERGILLUS FUMIGATUS* KERATITIS WITH GOOD VISUAL RECOVERY

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BACKGROUND:

Fungal keratitis is a potentially sight-threatening corneal infection and remains a diagnostic challenge due to its variable clinical presentation and resemblance to bacterial keratitis. We report a case of culture-proven *Aspergillus fumigatus* keratitis that responded well to timely antifungal treatment.

CASE REPORT:

A 33-year-old healthy man presented with a two-week history of pain, redness, and progressive blurring of vision in the right eye following exposure to wooden dust while feeding chickens on a farm. Visual acuity was 6/24 in the right eye and 6/9 in the left eye. Slit-lamp examination revealed conjunctival injection with a paracentral corneal epithelial defect and a 2.8 × 2.4 mm dense whitish stromal infiltrate. No satellite lesions, endothelial plaque, or hypopyon were seen. He was initially treated as bacterial keratitis with intensive topical antibiotics. However, clinical worsening on day 3 with raised infiltrates and fluffy margins raised suspicion of fungal keratitis. Topical antifungal therapy and oral fluconazole 200 mg daily were commenced. Corneal scraping culture confirmed *Aspergillus fumigatus*. Clinical improvement was evident within 10 days of antifungal treatment, with reduction in stromal infiltration and symptoms. At six weeks of follow-up, the ulcer had healed with residual corneal scarring, and visual acuity improved to 6/9.

CONCLUSION:

Aspergillus keratitis may mimic as bacterial keratitis, particularly following organic ocular trauma. Early recognition, microbiological confirmation, and timely antifungal treatment are essential for achieving favorable visual outcomes.

KEYWORDS:

Aspergillus fumigatus keratitis, Fungal keratitis, Corneal ulcer, Antifungal



EP-CR-005

Cornea, External Eye Diseases, and Eye Banking

A HIDDEN IRRITANT: OPHTHALMIA NODOSA FOLLOWING OCULAR INSECT INJURY

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BACKGROUND:

Ophthalmia nodosa is an ocular inflammatory condition caused by the penetration and retention of insect setae.

CASE REPORT:

A 40-year-old man presented with right eye pain, redness and blurred vision 5 days after insect-related ocular trauma. Visual acuity was 6/24 in the right eye. Relative afferent pupillary defect was negative. Slit-lamp examination revealed multiple setae embedded within the corneal stroma and endothelium. The anterior chamber was deep with occasional cells. Intraocular pressure was normal and fundus examination was unremarkable bilaterally. A diagnosis of right eye ophthalmia nodosa was made. The patient was treated with topical moxifloxacin and dexamethasone, resulting in subsequent improvement in corneal inflammation and symptoms on follow-up.

CONCLUSION:

Early recognition of ophthalmia nodosa and prompt topical antibiotic-steroid therapy can effectively reduce inflammation and prevent ocular complications.

KEYWORDS:

Corneal endothelium, dexamethasone, ophthalmia nodosa, setae.



EP-CR-006

Cornea, External Eye Diseases, and Eye Banking

A RARE CULPRIT, A DEVASTATING OUTCOME: *BURKHOLDERIA CENOCEPACIA* ENDOPHTHALMITIS REQUIRING EVISCERATION

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BACKGROUND:

Burkholderia cenocepacia endophthalmitis is a rare, aggressive ocular infection. We present a case limited by antibiotic intolerances, resulting in evisceration.

CASE REPORT:

An 81-year-old woman with a blind, painless left eye from neovascular glaucoma developed a sudden onset of eye pain, redness, and swelling. Examination showed a large corneal ulcer surrounded by a dense infiltrate, evidenced by loculation on B-scan. Corneal scraping grew *B. cenocepacia*, but multiple antibiotic intolerances restricted therapy. The infection worsened, requiring evisceration.

CONCLUSION:

This case highlights the devastating potential of *B. cenocepacia* ocular infection and the challenges posed by treatment-limiting antibiotic intolerances. Early microbiological diagnosis and individualized antimicrobial therapy are crucial for optimizing clinical outcomes.

KEYWORDS:

Burkholderia cenocepacia, Endophthalmitis, Evisceration



EP-CR-007

Cornea, External Eye Diseases, and Eye Banking

ADVANCED BILATERAL LIMBAL STEM CELL DEFICIENCY IN CLINICALLY DIAGNOSED KERATITIS–ICHTHYOSIS–DEAFNESS (KID) SYNDROME: A CASE REPORT

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BACKGROUND:

To report severe bilateral ocular surface failure and functional blindness in a young adult with Keratitis–Ichthyosis–Deafness (KID) syndrome.

CASE REPORT:

A 23-year-old male with diagnosed KID syndrome presented after defaulting follow-up. Diagnosis was based on mucocutaneous, ocular, and auditory features. He was functionally blind with best-corrected visual acuity of hand movements (HM) in both eyes (OU). He reported poor but stable vision without ocular pain or acute redness. Slit-lamp examination revealed horizontal nystagmus, complete madarosis, mild conjunctival injection, and 360° corneal neovascularization involving superficial and deep vessels OU. Corneal conjunctivalization with loss of palisades of Vogt and diffuse punctate epithelial erosions were present without epithelial defect or stromal infiltrate. Intraocular pressure ranged from 8–12 mmHg. Extraocular findings included dry, scaly, erythematous skin consistent with ichthyosis.

CONCLUSION:

KID syndrome can cause progressive limbal stem cell deficiency leading to bilateral ocular surface disease and irreversible visual impairment. Early multidisciplinary care is essential.

KEYWORDS:

Cornea, Ichthyosis, Keratopathy, Limbal, LSCD



EP-CR-008

Cornea, External Eye Diseases, and Eye Banking

BEYOND CAT-SCRATCH DISEASE: ATYPICAL PARINAUD OCULOGLANDULAR SYNDROME ASSOCIATED WITH MYCOPLASMA PNEUMONIAE IN A PATIENT RECEIVING ETANERCEPT

BACKGROUND:

Parinaud oculoglandular syndrome (POGS) is classically associated with *Bartonella henselae* from cat exposure. Atypical infectious causes pose significant diagnostic challenges, particularly in patients receiving immunomodulatory therapy.

CASE REPORT:

A 35-year-old woman with psoriatic arthritis on etanercept presented with persistent right eye redness, tearing, eyelid swelling, and ipsilateral preauricular lymphadenopathy. Initial treatment for presumed allergic and viral conjunctivitis failed. Examination revealed follicular conjunctivitis, dense superficial punctate keratitis, and corneal subepithelial infiltrates. Despite the classical clinical picture of POGS, she denied animal exposure. Investigations revealed positive *Mycoplasma pneumoniae* IgM serology. A diagnosis of atypical POGS secondary to *M. pneumoniae* infection was made. Treatment with oral doxycycline, topical fluorometholone, and subsequent rifampicin resulted in marked clinical improvement.

CONCLUSION:

This case highlights the diagnostic challenge of POGS without classical zoonotic exposure and emphasizes consideration of atypical infectious etiologies, particularly in immunomodulated patients

KEYWORDS:

Bartonella henselae, *Mycoplasma pneumoniae*, Parinaud Oculoglandular Syndrome, Zoonotic



MELANGKAUI PENYAKIT CAKARAN KUCING: SINDROM OKULOGLANDULAR PARINAUD ATIPIKAL BERKAITAN DENGAN MYCOPLASMA PNEUMONIAE DALAM PESAKIT YANG MENERIMA ETANERCEPT

LATAR BELAKANG:

Sindrom Okuloglandular Parinaud (POGS) secara klasik dikaitkan dengan jangkitan *Bartonella henselae* akibat pendedahan kepada kucing. Walau bagaimanapun, penyebab berjangkit yang atipikal boleh berlaku dan menimbulkan cabaran diagnostik yang ketara, terutamanya dalam kalangan pesakit yang menerima terapi imunomodulator.

LAPORAN KES:

Seorang wanita berusia 35 tahun yang menghidap artritis psoriatik dan sedang menerima rawatan etanercept hadir dengan kemerahan mata kanan yang berterusan, lakrimasi, pembengkakan kelopak mata, serta limfadenopati preaurikular ipsilateral. Rawatan awal untuk konjunktivitis alahan dan virus yang disyaki tidak menunjukkan sebarang penambahbaikan. Pemeriksaan mendapati konjunktivitis folikular, keratitis punktata superfisial yang padat, dan infiltrat subepitelium kornea. Walaupun gambaran klinikal adalah konsisten dengan POGS, pesakit menafikan sebarang pendedahan kepada haiwan. Siasatan lanjut menunjukkan serologi IgM *Mycoplasma pneumoniae* positif. Diagnosis POGS atipikal sekunder kepada jangkitan *M. pneumoniae* telah dibuat. Rawatan dengan doksisisiklin oral, fluorometolon topikal, dan seterusnya rifampisin menghasilkan penambahbaikan klinikal yang ketara.

KESIMPULAN:

Kes ini menonjolkan cabaran diagnostik POGS tanpa pendedahan zoonotik yang klasik dan menekankan kepentingan mempertimbangkan etiologi berjangkit yang atipikal, khususnya dalam pesakit yang menerima terapi imunomodulator.

KATA KUNCI:

Bartonella henselae, *Mycoplasma pneumoniae*, Sindrom Okuloglandular Parinaud, Zoonotik.



EP-CR-009

Cornea, External Eye Diseases, and Eye Banking

CLINICAL SPECTRUM AND OUTCOMES OF CULTURE-PROVEN PSEUDOMONAS KERATITIS: A CASE SERIES

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BACKGROUND:

Pseudomonas Keratitis often progress rapidly, with the bacterium's proteases and toxins causing corneal liquefaction and melting. We report three culture-proven cases demonstrating variable clinical presentations, risk factors, and outcomes.

CASE REPORT:

A 46-year-old contact lens wearer presented with severe visual loss, hypopyon, and central stromal infiltrates after ocular self-irrigation with tap water following fingernail trauma. Intensive fortified antibiotics resulted in resolution with residual corneal scarring and final visual acuity of 6/36. A 62-year-old diabetic patient with end-stage renal failure developed a large central ulcer with fluffy infiltrates, satellite lesions, endothelial plaque, and corneal thinning, initially suggestive of fungal keratitis. Corneal cultures later isolated *Pseudomonas aeruginosa*, with healing complicated by dense visually significant scarring. A 44-year-old welder with delayed presentation following metallic foreign body trauma rapidly progressed to descemetocoe formation and corneal perforation despite intensive antimicrobial therapy, requiring corneal gluing, bandage contact lens placement, and eventual therapeutic Penetrating Keratoplasty.

CONCLUSION:

Pseudomonas keratitis demonstrates marked variability in presentation and severity, ranging from contact lens-associated infection to corneal perforation requiring surgical intervention.

KEYWORDS:

Pseudomonas Keratitis; microbial keratitis; corneal ulcer; therapeutic Penetrating Keratoplasty; contact lens-associated keratitis



EP-CR-010

Cornea, External Eye Diseases, and Eye Banking

EARLY TOPICAL INSULIN FOR CONCOMITANT NEUROTROPHIC AND INFECTIVE BACTERIAL CORNEAL ULCERS

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BACKGROUND:

Concomitant neurotrophic and infective bacterial corneal ulcers present significant management challenges. Beyond promoting epithelial healing, topical insulin may offer beneficial adjunctive antibacterial properties.

CASE REPORT:

An elderly non-diabetic male with historical ocular trauma presented with a left paracentral stromal infiltrate, abscess, and reduced corneal sensation. Due to limited antibiotic response, early initiation of topical insulin (1 IU/mL, QID) was introduced. This early intervention leveraged insulin's dual properties—accelerating corneal wound healing while providing antibacterial synergy. Consequently, the patient achieved rapid infection resolution, complete re-epithelialization, and visual improvement.

CONCLUSION:

Early adjunctive topical insulin utilizes both established tissue-repair mechanisms and antibacterial properties, serving as an effective therapy for refractory neurotrophic-infective ulcers.

KEYWORDS:

Adjunctive Therapy; Corneal Ulcer; Epithelial Healing; Topical Insulin;



EP-CR-011

Cornea, External Eye Diseases, and Eye Banking

EYES UNDER ATTACK: SECONDARY KERATITIS FOLLOWING RETAINED CORNEAL BEE STINGER INJURY

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BACKGROUND:

Corneal bee stinger injury is an uncommon cause of ocular trauma that may result in corneal epithelial defect and secondary keratitis.

CASE REPORT:

A 16-year-old male presented with right eye pain, foreign body sensation and blurred vision after an insect entered his eye while riding a motorcycle. Visual acuity was 6/36 in the right eye. Relative afferent pupillary defect was negative. Slit-lamp examination revealed conjunctival injection and a retained bee stinger embedded at the corneal limbus with stromal infiltrate and epithelial defect. A diagnosis of corneal epithelial defect with secondary keratitis following retained bee stinger injury was made. The patient was treated with topical gentamicin, cefuroxime and dexamethasone. Progressive clinical improvement was observed during follow-up.

CONCLUSION:

Prompt diagnosis and treatment of retained bee stinger injuries are important to prevent corneal complications and preserve vision.

KEYWORDS:

Bee stinger, corneal ulcer, infiltrate, keratitis.



EP-CR-012

Cornea, External Eye Diseases, and Eye Banking

FROM SCLERA TO CORNEA: PERIPHERAL ULCERATIVE KERATITIS IN ANCA-POSITIVE VASCULITIS

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BACKGROUND:

Peripheral ulcerative keratitis (PUK) is a sight-threatening ocular manifestation of ANCA-associated vasculitis and may occur in association with anterior scleritis.

ABSTRACT:

A 69-year-old man with a history of right eye non-necrotizing sectoral anterior scleritis presented with a one-month history of progressive blurred vision. Investigations revealed positive c-ANCA and anti-proteinase 3 antibodies. Examination showed visual acuity of 2/60 in the right eye, scleral thinning adjacent to the limbus, peripheral corneal thinning, corneal oedema and mild anterior chamber inflammation, consistent with active peripheral ulcerative keratitis (PUK). He was treated with intravenous methylprednisolone followed by oral prednisolone and azathioprine. Follow-up demonstrated improvement in visual acuity and ocular symptoms.

CONCLUSION:

PUK may represent progression of ANCA-associated ocular inflammation and can result in significant visual morbidity. Close monitoring and systemic immunosuppression are important to preserve vision and prevent disease progression.

KEYWORDS:

Azathioprine, peripheral ulcerative keratitis, scleritis.



EP-CR-013
 Cornea, External Eye Diseases, and Eye Banking

HEALING LENS, HIDDEN HARM: A CASE OF GIANT PAPILLARY CONJUNCTIVITIS IN A THERAPEUTIC CONTACT LENS USER

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BACKGROUND:

Purpose: To report a rare case of giant papillary conjunctivitis (GPC) in therapeutic bandage contact lens wearer in non-cosmetic setting.

CASE REPORT:

A 53-year-old male with underlying hypertension, gout, and bronchial asthma presented with right eye discomfort and pain for one day following dislodgement of his bandage contact lens (BCL). Patient had blunt trauma over right eye in 2011 and underwent multiple subsequent surgeries, including lens aspiration, pars plana vitrectomy and sulcus intraocular lens (IOL) implantation for traumatic cataract. In 2023, again he underwent right eye IOL explantation for a subluxated IOL. He was also diagnosed with recurrent corneal erosion syndrome likely secondary to surgical trauma in July 2024, requiring long-term BCL use since then. On examination, visual acuity over the right eye was hand movement and 6/12 in the left eye. Right eye examination revealed multiple giant papillae on the upper tarsal conjunctiva. Cornea was hazy with multiple small bullae, no epithelial defects were noted. Unable to assess anterior chamber cells activity due to corneal haze. Other findings included seclusio pupillae, aphakia, and intraocular pressure of 21 mmHg. LE examination was unremarkable. A diagnosis of GPC was made and BCL usage discontinued. Patient was started on topical olopatadine, hypertonic saline, artificial tears and levofloxacin. His antiglaucoma medications continued.

CONCLUSION:

GPC, although commonly linked to soft contact lens wear in refractive users, can also occur in patients using bandage lenses for therapeutic purposes. Early detection and appropriate management are essential to prevent further ocular surface complications and ensure optimal healing.

KEYWORDS:

Bandage contact lens, Cornea, Giant papillary Conjunctivitis



EP-CR-014

Cornea, External Eye Diseases, and Eye Banking

OCULAR TUBERCULOSIS PRESENTING AS CHRONIC ANTERIOR NODULAR SCLERITIS: A CASE REPORT

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BACKGROUND:

Ocular tuberculosis (TB) is a rare extrapulmonary manifestation of *Mycobacterium tuberculosis* infection often mimicking other conditions and posing a diagnostic challenge.

CASE REPORT:

A 49-year-old man with multiple metabolic comorbidities presented with history of right eye redness for six months and three weeks of blurred vision. He was initially treated with antiviral therapy and topical corticosteroids for presumed herpetic keratitis, with minimal clinical improvement. Ocular examination revealed a non-necrotising anterior nodular scleritis. His mantoux and QuantiFERON-TB Gold test results were positive, while chest radiography showed no evidence of pulmonary tuberculosis. Based on clinical and immunological findings, a diagnosis of ocular tuberculosis was established and anti-tubercular therapy (Akurit-4) was initiated. He showed complete resolution of ocular inflammation with visual acuity of 6/6.

CONCLUSION:

Early diagnosis and initiation of anti-tubercular therapy can result in favourable visual and clinical outcomes.

KEYWORDS:

Anterior Nodular Scleritis; Anti-Tubercular Therapy; Extra-Pulmonary Tuberculosis; Ocular Tuberculosis; Scleritis Diagnosis



EP-CR-015

Cornea, External Eye Diseases, and Eye Banking

PERFORATION OF A BLIND EYE SECONDARY TO EYE RUBBING

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BACKGROUND:

To report a rare case of globe perforation in a chronic painless blind eye secondary to long standing eye rubbing and to highlight the importance of early evaluation and patient counselling in preventing catastrophic complications.

CASE REPORT:

A 77-year-old man with longstanding painless left eye blindness secondary to absolute glaucoma presented with acute onset of eye pain, redness, and discharge. He reported vigorous eye rubbing for several weeks due to persistent foreign body sensation. There was no history of trauma, injury, or previous ocular surgery. The examination revealed no light perception in the left eye, marked conjunctival injection, a through and through corneal perforated with uveal tissue prolapse, and a positive Seidel test, all of which are consistent with globe perforation. The right eye examination was unremarkable. An urgent evisceration was performed to control inflammation hence prevent secondary infection. Postoperatively, the patient was treated with oral ciprofloxacin and topical antibiotics. Ocular prosthetic rehabilitation was initiated two months after surgery.

CONCLUSION:

Persistent ocular irritation in a painless blind eye requires urgent evaluation and treatment. Appropriate counselling should be provided regarding avoidance of eye rubbing, with recommendations for further ophthalmic evaluation, as delayed intervention may result in devastating complications such as globe perforation.

KEYWORDS:

Absolute Glaucoma, Blind Eye, Corneal Perforation, Eye Evisceration, Eye Rubbing



EP-CR-016

Cornea, External Eye Diseases, and Eye Banking

PROGRESSIVE CICATRICIAL OCULAR SURFACE DISEASE FOLLOWING PEDIATRIC FIRECRACKER INJURY REQUIRING COMPLEX RECONSTRUCTION

BACKGROUND:

Firecracker-induced ocular trauma causes severe thermal and chemical injuries in children. Cicatricial sequelae, notably symblepharon and limbal stem cell deficiency (LSCD), present formidable reconstructive challenges.

CASE REPORT:

A 10-years-old boy sustained left eye firecracker injury resulting in conjunctival laceration, limbal ischemia, and early pannus. Despite intensive medical therapy, progressive symblepharon, pseudopterygium, and partial LSCD developed. To salvage the ocular surface, he underwent complex multi-step reconstruction comprising symblepharon release, pseudopterygium excision, buccal mucosal grafting, conjunctival autografting, amniotic membrane transplantation, symblepharon ring insertion, and temporary tarsorrhaphy. Early post-operative follow-up demonstrated a stable ocular surface with improved corneal clarity and no recurrence of adhesions.

CONCLUSION:

Pediatric ocular burns may progress aggressively despite initial stabilization. Long-term surveillance and timely, multidisciplinary reconstruction are essential for preserving ocular integrity and restoring visual function.

KEYWORDS:

Amniotic membrane transplant, Buccal mucosal graft, Cicatricial ocular disease, Limbal stem cell deficiency, Multidisciplinary ocular reconstruction



PENYAKIT PERMUKAAN OKULAR SIKATRIKS PROGRESIF SELEPAS KECEDERAAN MERCUN PEDIATRIK YANG MEMERLUKAN REKONSTRUKSI KOMPLEKS

LATAR BELAKANG:

Trauma okular akibat mercun boleh menyebabkan kecederaan haba dan kimia yang teruk dalam kalangan kanak-kanak. Sequelae cicatricial, terutamanya *symblepharon* dan kekurangan sel stem limbus (LSCD), menimbulkan cabaran rekonstruktif yang besar.

LAPORAN KES:

Seorang kanak-kanak lelaki berusia 10 tahun mengalami kecederaan mercun pada mata kiri yang menyebabkan luka konjunktiva, iskemia limbus, dan pembentukan pannus awal. Walaupun menerima rawatan perubatan intensif, beliau mengalami simblefaron progresif, pseudopterygium, dan LSCD separa. Bagi menyelamatkan permukaan okular, pesakit menjalani rekonstruksi kompleks berperingkat yang merangkumi pelepasan simblefaron, eksisi pseudopterygium, graf mukosa bukal, autograf konjunktiva, pemindahan membran amnion, pemasangan cincin simblefaron, dan tarsorafi sementara. Susulan awal pasca pembedahan menunjukkan permukaan okular yang stabil dengan peningkatan kejelasan kornea serta tiada rekuren lekatan.

KESIMPULAN:

Luka bakar okular pediatrik boleh menjadi progresif walaupun selepas rawatan awal. Pemantauan jangka panjang dan rekonstruksi pelbagai disiplin yang tepat pada masanya adalah penting untuk mengekalkan integriti okular dan memulihkan fungsi penglihatan.

KATA KUNCI:

Pemindahan membran amnion, graf mukosa bukal, penyakit okular sikatriks, kekurangan sel stem limbus, rekonstruksi okular pelbagai disiplin



EP-CR-017

Cornea, External Eye Diseases, and Eye Banking

SNOWFLAKES ON THE EYES: A LATE PRESENTATION OF GRANULAR CORNEAL DYSTROPHY TYPE 1

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BACKGROUND:

Granular Corneal Dystrophy (GCD) Type 1 is a rare autosomal dominant corneal stromal dystrophy caused by mutations in TGFBI gene, characterized by progressive stromal deposits typically begin within first two decades of life, resulting in gradual visual impairment.

CASE REPORT:

A 56-year-old Sino-Kadazan woman with amblyopia, lactose intolerance, and dyslipidemia presented with progressive bilateral visual blurring for two years and whitish corneal opacities for five years. She had no history of ocular trauma or surgery. Her mother and five sisters had developed similar corneal opacities in middle adulthood.

Visual acuity was 6/30(right eye) and 6/60 (left eye). Slit-lamp examination revealed multiple discrete snowflake-like stromal deposits bilaterally with intervening clear cornea, consistent with GCD Type 1. Mild bilateral cataracts were noted, other ocular examination was unremarkable.

CONCLUSION:

This case highlights the unusual late presentation of GCD Type 1 with strong familial involvement and delayed visual symptoms, emphasizing phenotypic variability of the disease and the importance of family screening and recognising atypical presentations.

KEYWORDS:

Adult-onset visual impairment, Familial involvement, Granular Corneal Dystrophy (GCD) Type1



KEPINGAN SALJI PADA MATA: PRESENTASI LEWAT DISTROFI KORNEA GRANULA JENIS 1

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LATAR BELAKANG:

Distrofi Kornea Granular (GCD) Jenis 1 ialah distrofi stroma kornea autosom dominan yang jarang berlaku akibat mutasi gen *TGFBI*, dan dicirikan oleh deposit stroma progresif yang lazimnya bermula dalam dua dekad pertama kehidupan, setrusnya menyebabkan kemerosotan penglihatan secara beransur-ansur.

LAPORAN KES:

Seorang wanita Sino-Kadazan berusia 56 tahun dengan sejarah ambliopia, intoleransi laktosa dan dislipidemia hadir dengan penglihatan kabur progresif bilateral selama dua tahun, disertai opasiti kornea keputihan selama lima tahun. Tiada sejarah trauma atau pembedahan mata terdahulu. Ibu dan lima orang adik-beradiknya mempunyai opasiti kornea serupa semasa usia pertengahan dewasa.

Ketajaman penglihatan adalah 6/30 (mata kanan) dan 6/60 (mata kiri). Pemeriksaan menunjukkan pelbagai deposit stromal diskret menyerupai kepingan salji secara bilateral dengan kawasan kornea jernih di antaranya, selaras dengan GCD Jenis 1. Katarak ringan turut dikesan. Pemeriksaan oftalmologi lain adalah tidak signifikan.

KESIMPULAN:

Kes ini mengetengahkan presentasi lewat GCD Jenis 1 dengan penglibatan keluarga yang kuat serta gejala visual yang lewat, menekankan kepelbagaian fenotip penyakit dan kepentingan saringan keluarga serta pengenalpastian pembentangan atipikal.

KATA KUNCI:

Distrofi Kornea Granular (GCD) Jenis 1, Kemerosotan penglihatan onsets dewasa, Penglibatan keluarga



EP-CR-018

Cornea, External Eye Diseases, and Eye Banking

STUCK-ON LESIONS, STUCK-ON DIAGNOSIS: MICROSPORIDIAL KERATOCONJUNCTIVITIS

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BACKGROUND:

Microsporidial keratoconjunctivitis (MKC) is a corneal infection caused by spore-forming fungi. Increasingly diagnosed in immunocompetent individuals after rainwater exposure, MKC often mimics adenoviral conjunctivitis, leading to misdiagnosis.

CASE REPORT:

A 32-year-old immunocompetent male presented with a five-day history of left eye grittiness, tearing, and blurred vision (6/18) after rainwater exposure. He had self-treated with topical fluorometholone. Slit-lamp examination revealed characteristic raised, coarse, "stuck-on" target-shaped corneal epithelial lesions. Following corneal scraping, he was initiated on topical moxifloxacin 0.5%, fluconazole 0.2%, and lubricants. The lesions resolved, and vision improved to 6/6 by day 15. Secondary corneal stromal haze were safely managed by adding topical fluorometholone.

CONCLUSION:

MKC should be suspected in atypical red eyes with "stuck-on" epithelial lesions following water exposure. Early identification and targeted topical antimicrobials provide excellent visual outcomes.

KEYWORDS:

Microsporidial keratoconjunctivitis; Adenoviral keratoconjunctivitis; Topical fluconazole



EP-CR-019

Cornea, External Eye Diseases, and Eye Banking

THE MYSTERY OF THE RED EYE

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BACKGROUND:

Phlyctenular keratoconjunctivitis is a nodular inflammation of the cornea and conjunctiva that is caused by a hypersensitivity reaction towards a foreign antigen.

CASE REPORT:

A 14-year-old girl presented with a 2-week history of left eye redness, discharge, and itchiness following jungle trekking. She had no blurred vision, eye pain, or history of tuberculosis exposure. Examination revealed conjunctival redness and swelling from 3–9 o'clock with minimal inferior corneal edema; the anterior chamber and fundus were normal. Investigations showed a positive Mantoux test (18 mm), while inflammatory markers and other blood tests were normal. She was diagnosed with phlyctenular keratoconjunctivitis presumed secondary to ocular tuberculosis and treated with anti-tuberculosis therapy, oral and topical steroids, and antibiotics, with subsequent clinical improvement.

CONCLUSION:

Phlyctenular keratoconjunctivitis is a delayed hypersensitivity reaction commonly affecting children, especially females. It presents as a small inflammatory lesion at the corneal limbus that may extend to the conjunctiva and cornea. Treatment focuses on reducing inflammation with topical steroids or cyclosporine, while underlying infections such as tuberculosis should be treated appropriately.

KEYWORDS:

Phlyctenular keratoconjunctivitis, ocular tuberculosis



EP-CR-020

Cornea, External Eye Diseases, and Eye Banking

VISION-THREATENING CORNEAL COMPLICATIONS SECONDARY TO CHRONIC VERNAL KERATOCONJUNCTIVITIS IN A CHILD

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BACKGROUND:

Vernal keratoconjunctivitis (VKC) is a chronic allergic ocular surface disease that may lead to severe corneal complications and permanent visual impairment when inadequately controlled, particularly in children with poor treatment adherence.¹

CASE REPORT:

A 12-year-old boy with underlying allergic rhinitis and VKC defaulted follow-up for two years following an initial diagnosis of bilateral corneal scarring. He subsequently presented with progressive visual deterioration (counting fingers bilaterally) affecting daily activities and schooling. Examination revealed dense bilateral corneal scarring with superficial vascularisation, while the left eye demonstrated an epithelial defect with presumed secondary infectious keratitis. Intensive topical moxifloxacin was initiated, followed by fluorometholone and ciclosporin 0.5% after improvement of the epithelial defect. Ocular surface inflammation gradually improved with complete epithelial healing. Final best-corrected visual acuity improved significantly to 6/36 bilaterally.

CONCLUSION:

This case highlights the importance of long-term follow-up, early control of ocular surface inflammation, and timely stepwise therapy in preventing irreversible visual morbidity from severe VKC in children.

KEYWORDS:

Allergic rhinitis; Corneal scarring; Infectious keratitis; Vernal keratoconjunctivitis

REFERENCE:

Vichyanond P, Pacharn P, Pleyer U, Leonardi A. Vernal keratoconjunctivitis: A severe allergic eye disease with remodeling changes. *Pediatr Allergy Immunol* 2014; 25: 314–322.



EP-CR-021

Cornea, External Eye Diseases, and Eye Banking

WHEN A SMILE TURNS UPSIDE DOWN: SEVERE PSEUDOMONAS AERUGINOSA KERATITIS SECONDARY TO POOR CONTACT LENS HYGIENE

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BACKGROUND:

Contact lenses are widely used for refractive correction and cosmetic purposes. However improper lens care and storage practices may predispose users to sight-threatening microbial keratitis.

CASE REPORT:

A 53-year-old contact lens wearer presented with a five-day history of left painful red eye and reduced vision after prolonged use of monthly disposable lenses. Examination revealed hand movement vision, a large central corneal infiltrate, epithelial defect with corneal thinning. Corneal scraping cultured *Pseudomonas aeruginosa*. Cultures from the contact lens, lens solution, and storage case demonstrated polymicrobial contamination, with concordant growth of *Pseudomonas*. Following intensive topical antibiotic therapy, infection resolved with visual improvement to 6/24.

CONCLUSION:

Poor contact lens hygiene and inappropriate storage practices remain important risk factors for severe microbial keratitis. This case underscores the importance of patient education and adherence to contact lens care to prevent sight-threatening infection.

KEYWORDS:

Contact lens, Corneal ulcer, *Pseudomonas* keratitis, Polymicrobial contamination



EP-CR-022

Cornea, External Eye Diseases, and Eye Banking

WHEN PERINEURAL KERATITIS SPEAKS: EARLY CLINICAL DIAGNOSIS OF ACANTHAMOEBA KERATITIS IN ADOLESCENT COSMETIC CONTACT LENS USER.

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BACKGROUND:

Acanthamoeba keratitis (AK) is a potentially sight-threatening corneal infection associated with contact lens wear and water exposure. Delayed diagnosis may result in poor visual outcomes.

CASE REPORT:

A 13-year-old Aboriginal girl presented with two-week history of left eye redness, photophobia, pain and reduced vision (6/24). She reported cosmetic contact lens use with poor hygiene practices and recent freshwater exposure while swimming in the Asahan River. Slit lamp examination demonstrated conjunctival injection and perineural keratitis, raising strong clinical suspicion of AK. Due to limited access to confocal microscopy and microbiological confirmation, a clinical diagnosis was made. Treatment with topical chlorhexidine 0.02% and topical propamidine isethionate was initiated, resulting in resolution of perineural infiltrates and improvement of visual acuity to 6/9.

CONCLUSION:

Early recognition of perineal keratitis enabled timely treatment for favourable visual recovery despite the absence of confirmatory diagnostic test.

KEYWORDS:

Acanthamoeba keratitis, perineural keratitis, cosmetic contact lens, cornea infection



APABILA PERINEURAL KERATITIS BERBICARA: DIAGNOSIS KLINIKAL AWAL ACANTHAMOEBA KERATITIS DALAM KALANGAN REMAJA PENGGUNA KANTA SENTUH KOSMETIK

LATAR BELAKANG:

Acanthamoeba keratitis (AK) merupakan jangkitan kornea berpotensi mengancam penglihatan yang dikaitkan dengan pemakaian kanta sentuh dan pendedahan kepada air. Diagnosis yang lewat boleh mengakibatkan penglihatan menjadi teruk.

PEMBENTANGAN KES:

Seorang remaja perempuan Orang Asli berumur 13 tahun hadir dengan mata kiri yang merah, sensitif kepada cahaya, sakit dan penurunan penglihatan (6/24) selama dua minggu. Pesakit melaporkan penggunaan kanta sentuh kosmetik dengan amalan kebersihan yang rendah serta sejarah pendedahan kepada air tawar semasa berenang di Sungai Asahan baru-baru ini. Pemeriksaan lampu celah (*slit lamp*) menunjukkan konjunktiva yang merah dan perineural keratitis, sekali gus menimbulkan kecurigaan klinikal yang kuat terhadap AK. Disebabkan akses yang terhad kepada mikroskopi konfokal dan pengesanan mikrobiologi, diagnosis klinikal telah ditetapkan. Rawatan menggunakan ubat air mata chlorhexidine 0.02% dan propamidine isethionate diberi, yang akhirnya menghasilkan respon yang baik dengan pengurangan perineural keratitis dan peningkatan ketajaman penglihatan kepada 6/9.

KESIMPULAN:

Pengesanan awal perineural keratitis membolehkan rawatan yang tepat pada diberi pada masanya untuk pemulihan penglihatan yang optimum, meskipun tanpa pengesanan ujian diagnostik.

KATA KUNCI:

Keratitis Acanthamoeba, keratitis perineural, kanta sentuh kosmetik, jangkitan kornea



EP-CR-023

Cornea, External Eye Diseases, and Eye Banking

WHEN PICKY EATING THREATENS SIGHT: XEROPHTHALMIA IN A CHILD WITH RESTRICTIVE DIET

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BACKGROUND:

Vitamin A deficiency should be considered in children with ocular surface disease, particularly those with restrictive diets.

CASE REPORT:

An 11-year-old Malay boy presented with 3 weeks history of bilateral blurred vision. Ocular examination demonstrated significant bilateral xerosis of the cornea and conjunctiva, accompanied by dull, hazy corneal surfaces. The child had background of mild Autism Spectrum Disorder with restrictive eating habits. Based on history and clinical examination, Vitamin A deficiency was suspected. Serum Vitamin A was low and confirmed the diagnosis.

CONCLUSION:

This case highlights the importance of considering nutritional deficiencies in children presenting with ocular surface disease. A thorough dietary history is crucial for diagnosis. Prompt recognition can prevent progression to sight-threatening complications.

KEYWORDS:

Ocular surface disease, Restrictive diet, Xerophthalmia, Vitamin A deficiency



EP-CR-024

Cornea, External Eye Diseases, and Eye Banking

WHEN THE FOREIGN BODY HAS WINGS: RETAINED BEE STINGER AT THE CORNEAL LIMBUS

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BACKGROUND:

Ocular bee stings are uncommon but may cause venom-mediated keratouveitis.

CASE REPORT:

A 26-year-old man presented with left eye redness and irritation after riding a motorcycle without a helmet visor. Visual acuity was 6/18 in the affected eye. Slit-lamp examination showed a black bee stinger embedded at the corneal limbus at 5 o'clock, with a 2 × 2 mm epithelial defect, focal whitish limbal infiltrate and localised oedema, but no hypopyon or anterior chamber reaction. The stinger was removed and antibiotic, cycloplegic and corticosteroid drops were started. On day 2, the infiltrate and oedema worsened, with grade 1–2+ anterior chamber cells, consistent with progressive venom-mediated keratouveitis. Treatment was intensified with frequent topical prednisolone, leading to complete resolution by day 5.

CONCLUSION:

Bee stinger injuries may progress despite mild ocular findings. Early removal and close monitoring are essential to prevent visual loss.

KEYWORDS:

Bee sting, bee stinger, corneal limbus, ocular foreign body, toxic keratouveitis.



APABILA BADAN ASING BERSAYAP: SENGAT LEBAH YANG TERPERANGKAP PADA LIMBUS KORNEA

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LATAR BELAKANG:

Sengatan lebah pada mata merupakan kecederaan yang jarang berlaku namun berpotensi menyebabkan keratouveitis akibat kesan envenomasi lebah.

LAPORAN KES:

Seorang lelaki berusia 26 tahun hadir dengan aduan kemerahan dan iritasi pada mata kiri selepas menunggang motosikal tanpa pelindung visor topi keledar. Ketajaman penglihatan pada mata kiri adalah 6/18. Pemeriksaan lampu celah menunjukkan sengat lebah berwarna hitam tertanam pada limbus kornea di kedudukan jam 5, disertai defek epitelium kornea berukuran 2 × 2 mm, infiltrat limbus keputihan setempat serta edema setempat, tanpa hipopion atau reaksi anterior chamber. Sengat tersebut telah dikeluarkan dan rawatan titisan antibiotik, sikloplegik serta kortikosteroid dimulakan. Pada hari kedua, infiltrat dan edema didapati bertambah teruk, dengan kemunculan sel anterior chamber gred 1–2+, selaras dengan perkembangan keratouveitis akibat kesan toksik bisa lebah. Rawatan dipertingkatkan dengan pemberian prednisolon topikal secara kerap, yang membawa kepada resolusi lengkap menjelang hari kelima.

KESIMPULAN:

Kecederaan akibat sengatan lebah pada mata boleh menunjukkan progresi keradangan walaupun manifestasi awal kelihatan ringan. Pengeluaran sengat secara awal dan pemantauan rapi adalah penting bagi mencegah kehilangan penglihatan.

KATA KUNCI:

Sengatan lebah, sengat lebah, limbus kornea, badan asing okular, keratouveitis toksik.



EP-CR-025
 Eyelid & Lacrimal Periocular

HIDDEN CULPRIT: *KLEBSIELLA PNEUMONIAE* IN A CONJUNCTIVA GRANULOMA

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BACKGROUND:

Klebsiella pneumoniae is a gram-negative, facultative anaerobic bacterium that commonly colonizes the nasopharynx and gastrointestinal tract. Ocular infections caused by this organism are uncommon.

CASE REPORT:

A 58-year-old gentleman with multiple comorbidities presented with a four-month history of right lower eyelid swelling and intermittent purulent discharge. Visual acuity was 6/18 (pinhole 6/12) and examination revealed a large multilobulated conjunctival granuloma involving the lower fornix, with surrounding inflammation and purulent discharge. Culture of the purulent material grew *Klebsiella pneumoniae*. The patient was treated with culture-guided antibiotic therapy followed by topical steroids, and the lesion subsequently resolved.

CONCLUSION:

Klebsiella pneumoniae-infected conjunctival granuloma is a rare clinical presentation that may mimic chronic inflammatory or neoplastic lesions. Microbiological evaluation is essential for accurate diagnosis and targeted treatment. Early recognition and prompt management can lead to favourable outcomes.

KEYWORDS:

Klebsiella pneumoniae, Conjunctival granuloma, Ocular infection, Eyelid swelling, Purulent discharge.



EP-CR-026

Eyelid & Lacrimal Periocular

MEDIAL CANTHAL SWELLING IN A TODDLER: PERIORBITAL CUTANEOUS SPOROTRICHOSIS MASQUERADING AS DACRYOCYSTITIS

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BACKGROUND:

Periorbital cutaneous sporotrichosis is an uncommon manifestation of *Sporothrix schenckii* infection and may mimic bacterial infections such as dacryocystitis, leading to delayed diagnosis and inappropriate treatment.

CASE REPORT:

A 1-year-10-month-old girl presented with a 1-week history of progressively enlarging painful swelling over the left medial canthus extending to the lower eyelid. Examination revealed a large fluctuant swelling over the medial canthal and tear trough region, while ocular examination was otherwise unremarkable. She was initially treated as acute dacryocystitis with intravenous antibiotics but showed minimal improvement after 6 days. Further history revealed repeated exposure to unvaccinated stray cats, raising suspicion for sporotrichosis. Incision, drainage, and tissue biopsy were performed, and microbiological culture isolated *Sporothrix schenckii*. Oral antifungal therapy resulted in marked clinical improvement.

CONCLUSION:

Sporotrichosis should be suspected in presumed dacryocystitis unresponsive to intravenous antibiotics after 5 days, particularly in endemic Asian regions and patients with cat exposure.

KEYWORDS:

Dacryocystitis, Sporotrichosis, *Sporothrix schenckii*



EP-CR-027

Eyelid & Lacrimal Periocular

NECROTISING SCLERITIS POST SUBTENON TRIAMCINOLONE ACETONIDE INJECTION - A RARE COMPLICATION

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BACKGROUND:

Periocular corticosteroid are widely used in clinical treatment, with cataract and glaucoma are the most common side effects. Although rare, necrotizing scleritis can be one of the complications post subtenon triamcinolone acetonide injection “STAI” and need a high suspicions.

CASE REPORT:

A 41-year-old malay male with moderate diabetic retinopathy and maculopathy had his first STAI over his left eye. However, he presented again one week after injection with left eye redness, pain and whitish discharge over injection site. Examination showed conjunctival granuloma with area of sclera thinning and slough. Intensive course of antibiotic and corticosteroid were started and he underwent multiple wound debridement and scleral patching which give him a good outcome.

CONCLUSION:

Necrotizing scleritis post STAI though rare, may threaten vision if left untreated. Prompt recognition and treatment are crucial for favorable outcomes.

KEYWORDS:

Corticosteroid complications, Necrotizing scleritis, Periocular corticosteroid, Subtenon Triamcinolone Acetonide injection, Sclera patching



SKLERITIS NEKROTIK SELEPAS SUNTIKAN SUBTENON TRIAMCINOLONE ACETONIDE INJECTION – KOMPLIKASI YANG JARANG

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LATAR BELAKANG:

Periocular kortikosteroid digunakan secara meluas dalam rawatan klinikal, dengan katarak dan glaukoma merupakan kesan sampingan yang diketahui. Namun, skleritis nekrotik juga boleh menjadi kesan sampingan yang terjadi selepas suntikan subtenon triamcinolone “STAI” dan memerlukan tahap kecurigaan yang tinggi.

LAPORAN KES:

41 tahun lelaki dengan diabetic retinopathy tahap sederhana dan makulopati mendapatkan STAI pertamanya di mata sebelah kiri. Namun, beliau hadir kembali selepas seminggu dengan keadaan mata yang merah dengan cecair putih dan sakit di tempat suntikan. Konjunktiva granuloma dengan sklera yang menipis telah terlihat semasa pemeriksaan. Rawatan antibiotik dan ubatan kortikosteroid yang intensif telah diberikan kepada pesakit bersama dengan prosedur debridemen dan tampalan sklera yang memberikan hasil yang baik kepada pesakit.

KONKLUSI:

Walaupun komplikasi yang jarang, skleritis nekrotik boleh menyebabkan kehilangan penglihatan jika dibiarkan tanpa rawatan. Pengenalpastian awal dan rawatan segera dapat mengelakkan komplikasi kecacatan kekal.

KATA KUNCI:

Komplikasi kortikosteroid, Periocular Kortikosteroid, Scleritis Nekrotik, Subtenon Triamcinolone Acetonide injection, Tampalan Sklera



EP-CR-028
Eyelid & Lacrimal Periocular

SEBACEOUS GLAND HYPERPLASIA OF THE EYELID MARGIN: A CASE REPORT AND MANAGEMENT OVERVIEW

BACKGROUND:

Sebaceous gland hyperplasia of the eyelids is a rare, benign condition. Optimal management and differentiation from malignant neoplasms remain crucial.

CASE REPORT:

A 62-year-old healthy female presented with a progressively enlarging, painless right upper eyelid mass over four years. Examination revealed a well-circumscribed, sessile, yellowish, lobulated nodule at the superior mucocutaneous junction with prominent surface telangiectasia. There was no madarosis, ulceration, or adjacent tissue inflammation. An excisional biopsy was performed, histopathological examination confirmed the diagnosis of sebaceous hyperplasia. The patient remains recurrence-free under clinic follow-up.

CONCLUSION:

This case highlights the clinical features of sebaceous hyperplasia, emphasizing the importance of distinguishing it from malignant conditions. Histopathology remains the gold standard for definitive diagnosis. While typically requiring only reassurance, surgical excision offers both cosmetic resolution and essential diagnostic confirmation.

KEYWORDS:

Eyelid lesion, Histopathology, Surgical excision biopsy, Sebaceous hyperplasia



HIPERPLASIA KLENJAR SEBASEA PADA MARGIN KELOPAK MATA: LAPORAN KES DAN TINJAUAN PENGURUSAN

LATAR BELAKANG:

Hiperplasia kelenjar sebacea pada margin kelopak mata merupakan keadaan benigna yang jarang berlaku dan boleh menyerupai neoplasma malignan kelopak mata secara klinikal. Diagnosis yang tepat serta pengurusan yang sesuai adalah penting bagi mengelakkan salah diagnosis dan rawatan yang tidak diperlukan.

LAPORAN KES:

Seorang wanita berusia 62 tahun yang sihat hadir dengan lesi pada kelopak mata atas kanan yang tidak menyakitkan dan semakin membesar secara beransur-ansur selama empat tahun. Pemeriksaan klinikal menunjukkan nodul berlobul, berwarna kekuningan, sesil (sessile), dan berbatas jelas yang terletak pada persimpangan mukokutaneus superior, dengan telangiectasia permukaan yang ketara. Tiada madarosis, ulserasi, atau keradangan tisu sekeliling diperhatikan. Biopsi eksisional telah dilakukan, dan pemeriksaan histopatologi mengesahkan diagnosis hiperplasia kelenjar sebacea. Pesakit kekal bebas daripada rekurens sepanjang tempoh susulan.

KESIMPULAN:

Kes ini menonjolkan ciri-ciri klinikal hiperplasia kelenjar sebacea serta menekankan kepentingan membezakannya daripada lesi malignan kelopak mata. Pemeriksaan histopatologi kekal sebagai piawaian emas bagi diagnosis muktamad. Walaupun keadaan ini bersifat benigna dan lazimnya hanya memerlukan pemerhatian serta penjelasan kepada pesakit, eksisi pembedahan menawarkan manfaat kosmetik dan pengesahan diagnosis melalui pemeriksaan histologi, terutamanya apabila diagnosis klinikal tidak pasti.

KATA KUNCI:

Lesi kelopak mata; Histopatologi; Biopsi eksisional; Hiperplasia kelenjar sebacea; Margin kelopak mata



EP-CR-029
 Glaucoma

A RARE CASE OF AXENFELD-RIEGER SYNDROME PRESENTING WITH VERTIGO

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BACKGROUND:

Axenfeld-Rieger Syndrome (ARS), a rare autosomal dominant disorder characterized by anterior segment dysgenesis and systemic anomalies. Patients face a 50% lifetime risk of glaucoma. Early diagnosis is vital to prevent irreversible visual loss.

CASE PRESENTATION:

A 5-year-old boy presented with episodic dizziness. Ocular assessment revealed bilateral visual acuity of 6/12, posterior embryotoxon, peripheral anterior synechiae, iris atrophy, and ectropion uveae. Intraocular pressures and fundus examination were normal. Systemic findings included lower incisor microdontia and bilateral hearing loss (right mixed, left sensorineural), without craniofacial, cardiac, or abdominal defects. Optical coherence tomography confirmed healthy retinal nerve fiber layers. Axenfeld-Rieger syndrome was diagnosed based on these classic ocular and systemic features. The patient was scheduled for strict, long-term intraocular pressure and retinal nerve fiber layer monitoring to track potential glaucoma development.

CONCLUSION:

Opportunistic screening is critical to prevent silent, irreversible glaucomatous damage.

KEYWORDS:

Axenfeld-Rieger syndrome/ posterior embryotoxon/ vertigo



EP-CR-030
 Glaucoma

AWAKENING THE QUIESCENT EYE: REACTIVATION OF TED POST GGD IMPLANTATION – A CASE REPORT

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BACKGROUND:

Thyroid eye disease-associated glaucoma managements are particularly challenging. This case report describes a case of a patient with extensive history of active thyroid disease experiencing TED reactivation, choroidal effusion and hypotony post GDD implantation.

CASE REPORT:

A 68-year-old Malay gentleman with history of active thyroid eye disease with secondary glaucoma, underwent GDD(AADI) implantation that was complicated with severe inflammation, choroidal inflammation, choroidal effusion and hypotony maculopathy. The patient had multiple episodes of hypotony despite multiple AC reformation. His TED reactivation was controlled with intravenous methylprednisolone. He underwent intraluminal stent advancement, tube ligation and external drainage with 3 months after the GDD implantation. Post treatment, the patient showed improvement in vision (CF -> 6/24). He is on tapering oral methotrexate and has been tapered off oral steroids. His IOP is well controlled without antiglaucoma, and his TED is in remission.

CONCLUSION:

Careful pre and post operative monitoring may be warranted in patients with history of severe TED.

KEYWORDS:

Glaucoma, Thyroid-Eye Disease Reactivation, Glaucoma Drainage Device, Choroidal Hypotony, Hypotony Maculopathy



EP-CR-031
 Glaucoma

NEOVASCULAR GLAUCOMA(NVG) AFTER CENTRAL RETINA ARTERY OCCLUSION (CRAO): EARLY INTERVENTION FOR BETTER OUTCOMES

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BACKGROUND:

To emphasize the importance of early recognition and prompt management of NVG secondary to CRAO for intraocular pressure (IOP) control and visual outcomes.

CASE REPORT:

A 50-year-old obese lady with uncontrolled diabetes mellitus and hypertension presented with painless visual loss in the left eye for one month, associated with headache and nausea for one week. Visual acuity was counting fingers with relative afferent pupillary defect, IOP of 50 mmHg marked conjunctival injection, corneal oedema, and anterior chamber inflammation. Gonioscopy revealed inferior angle hemorrhage with extensive PAS elsewhere. Fundus examination demonstrated pale retina at posterior pole, cotton wools spot, peripapillary hemorrhage and attenuated arteriolar. The stabilisation of medical conditions with initiation of pan-retinal photocoagulation, topical corticosteroids, and antiglaucoma medications achieved significant IOP reduction and improved visual outcomes.

CONCLUSION:

Rare but sight-threatening, NVG after CRAO benefits from early intervention.

KEYWORDS:

Neovascular glaucoma, Central retinal artery occlusion, Retinal ischemia, Intraocular pressure, Panretinal photocoagulation.



EP-CR-032
Glaucoma

VISUAL REHABILITATION IN AN APHAKIC EYE WITH SECONDARY GLAUCOMA: COMBINED SCLERAL-FIXATED INTRAOCULAR LENS REIMPLANTATION AND AHMED CLEARPATH 250 IMPLANTATION FOLLOWING VITREORETINAL SURGERY

BACKGROUND:

Visual rehabilitation in aphakic eyes complicated by secondary glaucoma after vitreoretinal surgery presents significant surgical challenges. Conjunctival scarring, intraocular lens (IOL) instability, and uncontrolled intraocular pressure (IOP) limit conventional filtering procedures.

CASE PRESENTATION:

A 41-year-old pseudophakic man with childhood cataract surgery developed right eye intraocular lens (IOL) instability after blunt trauma and underwent scleral-fixated IOL (SFIOL) implantation. He later developed rhegmatogenous retinal detachment requiring surgery. Postoperatively, secondary glaucoma developed with IOP 50 mmHg despite maximal therapy. Examination revealed subluxated SFIOL with posterior haptic displacement. Due to perlimbal scarring, combined Ahmed ClearPath implantation, SFIOL adjustment, and pupilloplasty were performed. After haptic breakage, SFIOL explantation and Yamane reimplantation were done, stabilizing IOP and improving vision to 6/24.

CONCLUSION:

Combined SFIOL reimplantation and glaucoma drainage device surgery can achieve structural stability, IOP control, and functional visual recovery in complex aphakic eyes with secondary glaucoma.

KEYWORDS:

Aphakia; Secondary glaucoma; Scleral-fixated intraocular lens



EP-CR-033
Glaucoma

WHEN GLAUCOMA IS NOT THE CULPRIT: AN UNEXPECTED FINDING OF ORBITAL CAVERNOUS HEMANGIOMA

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BACKGROUND:

An unusual finding of orbital cavernous hemangioma was found in a patient who presented with signs of retro-orbital mass post trabeculectomy. Its subsequent removal resulted in hypotony in the affected eye.

CASE REPORT:

A 35-year-old woman with refractory ocular hypertension underwent trabeculectomy. Three months later, she developed reduced vision (6/60). Examination revealed signs of a retro-orbital mass with optic disc swelling and macular striation. Imaging confirmed an orbital cavernous hemangioma. Following tumor excision, she paradoxically developed hypotony with a flat anterior chamber.

CONCLUSION:

This case highlights two unusual findings: a retro-orbital mass presenting after trabeculectomy, and the development of hypotony upon its removal—suggesting the mass may have been maintaining intraocular pressure. Orbital imaging should be considered in asymmetrical glaucoma cases.

KEYWORDS:

Hypotony, Intraconal Lesion, Orbital Cavernous Hemangioma



EP-CR-034
 Neuro-ophthalmology

A CASE REPORT OF PITUITARY ADENOMA; THE SINISTER SNOWMAN

BACKGROUND:

Pituitary adenomas are benign tumors that can cause endocrinological and neurological symptoms, including visual field defects. We report a patient presenting with visual symptoms followed by other hormonal effects.

CASE REPORT:

A healthy 37-year-old Malay man presented with a two-week history of both eyes painless blurred vision, right-sided headache, fatigue, and reduced libido. A brain Computed Tomography (CT) scan revealed a large suprasellar mass (2.3x2.1x2.4cm) compressing the optic chiasm. Hormonal workup showed elevated prolactin. He was prescribed oral cabergoline and scheduled for endoscopic transnasal transsphenoidal surgery by an interdisciplinary team. Optical coherence tomography and visual field testing confirmed chiasmal compression. Two months later, the patient reported resolved headaches, improved libido, and completely reversed visual field defects.

CONCLUSION:

Managing pituitary adenomas requires an interdisciplinary approach to ensure accurate diagnosis, tailored intervention, and successful therapeutic outcomes.

KEYWORDS:

Pituitary macroadenoma, Prolactinoma, Transsphenoidal surgery



EP-CR-035
 Neuro-ophthalmology

BILATERAL RETROBULBAR OPTIC NEURITIS

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BACKGROUND:

Retrobulbar optic neuritis typically presents unilaterally. We report a rare case of bilateral retrobulbar optic neuritis with favourable visual recovery.

CASE REPORT:

A 32-year-old previously healthy male presented with acute, painless bilateral visual loss. Best-corrected visual acuity was counting fingers in both eyes, with a right relative afferent pupillary defect. Funduscopy evaluation demonstrated mild right optic disc edema. Magnetic resonance imaging (MRI) of the brain and orbits revealed long-segment bilateral optic nerve enlargement with T2 hyperintensity, associated bilateral optic perineural enhancement, and multiple supratentorial T2/FLAIR hyperintense white matter lesions. Visual evoked potential testing demonstrated delayed conduction consistent with demyelination of the visual pathways. Bilateral retrobulbar optic neuritis was diagnosed. Intravenous methylprednisolone (1 g/day) was given, resulting in visual improvement to 6/9 bilaterally.

CONCLUSION:

Bilateral retrobulbar optic neuritis is uncommon. Multimodal investigations facilitate diagnosis, while prompt corticosteroid therapy may result in favourable visual outcomes.

KEYWORDS:

bilateral retrobulbar optic neuritis, demyelinating disease



EP-CR-036
 Neuro-ophthalmology

CLINICAL PRESENTATION AND SURGICAL OUTCOMES IN TWO CASES OF PITUITARY APOPLEXY

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BACKGROUND:

Pituitary apoplexy is a rare neurosurgical and endocrine emergency caused by acute hemorrhage or infarction of the pituitary gland, often presenting with headache and visual disturbances.

CASE REPORT:

We report two female patients who presented with acute headache and blurring of vision. Visual field assessment demonstrated varying defects: one patient had the classical bitemporal hemianopia, while the other exhibited an atypical visual field deficit. Magnetic resonance imaging (MRI) confirmed pituitary apoplexy in both cases. Following multidisciplinary evaluation, both patients underwent transsphenoidal tumour resection. Postoperatively, both patients showed variable improvement in visual symptoms and visual field defects.

CONCLUSION:

Pituitary apoplexy should be suspected in patients presenting with acute headache and visual impairment. Visual field defects may vary and are not always classical. MRI is essential for diagnosis, and timely surgical intervention can result in favourable visual outcomes.

KEYWORDS:

Bitemporal Hemianopia, Headache, Pituitary Apoplexy, Transsphenoidal Surgery, Visual Field Defect



EP-CR-037
 Neuro-ophthalmology

CLOUDING THE OPTIC NERVE: A RARE COMPLICATION OF DASATINIB

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BACKGROUND:

Dasatinib use has rarely been associated with optic neuropathy, which can closely mimic leukemic optic nerve infiltration.

CASE REPORT:

A 72-year-old woman with Acute Lymphoblastic Leukemia (ALL) on dasatinib presented with 3 months history of progressively worsening bilateral blurred vision. Her initial visual acuity (VA) was 6/48 in the right eye and 6/15 in the left eye. Anterior segment examination was unremarkable, but fundoscopy revealed bilateral hyperemic optic disc swelling. There was no clinical evidence of disease recurrence. Magnetic resonance imaging (MRI) demonstrated chronic optic neuropathy without optic nerve infiltration. Dasatinib was replaced with Ponatinib, improving vision to 6/10 in the right eye and 6/7.5 in the left eye.

CONCLUSION:

Dasatinib-induced optic neuropathy is rare and diagnostically challenging. Prompt recognition and early cessation of the offending agent may facilitate visual recovery.

KEYWORDS:

Acute lymphoblastic leukemia, Dasatinib, Optic Neuropathy



EP-CR-038
Neuro-ophthalmology

DIAGNOSTIC AND THERAPEUTIC DILEMMAS IN THE ORBIT: A CASE OF RELAPSING TOLOSA-HUNT SYNDROME

BACKGROUND:

Tolosa-Hunt syndrome (THS) is a rare idiopathic condition causing unilateral orbital pain and ophthalmoplegia, typically diagnosed by exclusion.

CASE PRESENTATION:

54-year-old diabetic and hypertension man presenting with left-sided headache and left 3rd and 6th cranial nerve palsies. MRI revealed left cavernous sinus thickening extending to the orbital apex, suggestive of THS. Initial high-dose corticosteroid therapy was withheld due to concurrent *Pseudomonas aeruginosa* bacteraemia. Intravenous antibiotics yielded only slight ophthalmoplegic improvement and biopsy was inaccessible. Nine months later, the patient experienced a symptomatic relapse. He was subsequently treated with intravenous methylprednisolone for five days, followed by a tapering dose of oral prednisolone. He achieved complete recovery within six months, with no further recurrences.

CONCLUSION:

This case underscores THS as a critical differential in recurrent cranial nerve palsies and highlights the necessity of a multidisciplinary approach for safe, effective management.

KEYWORDS:

Cranial nerve palsy, Painful ophthalmoplegia, Tolosa–Hunt syndrome



DILEMA DIAGNOSTIK DAN TERAPEUTIK DALAM ORBIT: SATU KES SINDROM TOLOSA-HUNT BERULANG

LATAR BELAKANG:

Sindrom Tolosa-Hunt (THS) ialah keadaan idiopatik yang jarang berlaku, menyebabkan sakit orbit unilateral dan oftalmoplegia, serta lazimnya didiagnosis secara eksklusi.

PEMBENTANGAN KES:

Seorang lelaki berusia 54 tahun dengan diabetes mellitus dan hipertensi hadir dengan sakit kepala sebelah kiri serta palsy saraf kranial ketiga dan keenam kiri. MRI menunjukkan penebalan sinus kaverosus kiri yang melibatkan apeks orbit, mencadangkan THS. Rawatan awal kortikosteroid dos tinggi ditangguhkan kerana bakteremia *Pseudomonas aeruginosa* yang berlaku serentak. Antibiotik intravena hanya memberikan sedikit penambahbaikan terhadap oftalmoplegia dan biopsi tidak dapat dilakukan. Sembilan bulan kemudian, pesakit mengalami gejala berulang. Beliau dirawat dengan metilprednisolon intravena selama lima hari, diikuti prednisolon oral secara pengurangan berperingkat. Pemulihan lengkap dicapai dalam tempoh enam bulan tanpa episod berulang seterusnya.

KESIMPULAN:

Kes ini menekankan THS sebagai diagnosis pembezaan penting bagi palsy saraf kranial berulang serta kepentingan pendekatan multidisiplin untuk pengurusan yang selamat dan berkesan.

KATA KUNCI:

Palsy saraf kranial, oftalmoplegia menyakitkan, Sindrom Tolosa-Hunt



EP-CR-039
 Neuro-ophthalmology

DIAGNOSTIC CHALLENGE: ATYPICAL OPTIC NEURITIS MIMICKING NAION

BACKGROUND:

Atypical optic neuritis (ON) is an inflammatory optic neuropathy presenting with acute visual loss, visual field defects, and pain on eye movement. Non-arteritic anterior ischaemic optic neuropathy (NAION) is acute optic neuropathy in older adults, from ischaemia of anterior optic nerve causing sudden painless monocular vision loss with optic disc edema. Differentiating atypical ON from NAION is difficult due overlapping features.

CASE REPORT:

A 40-year-old man presented with 3 days of left eye blurring vision and headache. Examination showed grade 1 RAPD and vision no perception of light. Fundus revealed optic disc swelling with hyperemia. CECT brain/orbit showed enlarged optic nerve. He was treated with intravenous methylprednisolone, improving vision to 6/24.

CONCLUSION:

Atypical ON should be considered in differentials of NAION, particularly when clinical features are not entirely characteristic of ischemic optic neuropathy. Careful assessment is essential to ensure appropriate management.

KEYWORDS:

Atypical ON, CECT imaging, corticosteroid therapy NAION, optic disc swelling, visual loss



CABARAN DIAGNOSTIK: NEURITIS OPTIK ATIPIK YANG MENIRU NAION

LATAR BELAKANG:

Neuritis optik atipik (ON) ialah neuropati optik inflamatori yang menyebabkan kehilangan penglihatan akut, kecacatan medan penglihatan, dan sakit semasa pergerakan mata. Neuropati optik iskemia anterior bukan arteritis (NAION) ialah keadaan akut akibat iskemia saraf optik anterior, biasanya pada individu lebih berusia, menyebabkan kehilangan penglihatan monokular secara tiba-tiba tanpa sakit serta edema cakera optik. Kedua-dua keadaan ini sukar dibezakan kerana mempunyai ciri klinikal yang bertindih.

LAPORAN KES:

Seorang lelaki berumur 40 tahun hadir dengan penglihatan kabur mata kiri selama 3 hari dan sakit kepala. Pemeriksaan menunjukkan RAPD gred 1 dan tiada persepsi cahaya. Fundus menunjukkan pembengkakan cakera optik dengan hiperemia. Imbasan CECT otak/orbita menunjukkan saraf optik membesar. Pesakit dirawat dengan metilprednisolon intravena dan menunjukkan peningkatan penglihatan kepada 6/24.

KESIMPULAN:

ON atipik perlu dipertimbangkan dalam diagnosis pembezaan NAION, terutama apabila ciri klinikal tidak tipikal. Penilaian teliti penting untuk rawatan yang tepat.

KATA KUNCI:

ON atipik, pengimejan CECT, terapi kortikosteroid, NAION, pembengkakan cakera optik, kehilangan penglihatan



EP-CR-040
 Neuro-ophthalmology

FROM NEAR-BLINDNESS TO FUNCTIONAL RECOVERY: AN ATYPICAL PRESENTATION OF A PITUITARY MACROADENOMA

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BACKGROUND:

Pituitary macroadenomas typically present with bitemporal hemianopia and may be associated with endocrine dysfunction. We report an atypical non-functioning pituitary macroadenoma presenting with severe asymmetric central visual loss.

CASE REPORT:

A 33-year-old woman presented with progressive right eye visual decline for one year, initially misdiagnosed as amblyopia, and left eye blurring for five days. Visual acuity was hand movements in the right eye and 6/60 in the left eye. Examination revealed a right relative afferent pupillary defect, reduced colour vision, and temporal disc pallor. Imaging demonstrated a pituitary macroadenoma with chiasmal compression. Following transsphenoidal debulking, vision improved to 2/60 (6/36 pinhole) in the right eye and 6/24 (6/12 pinhole) in the left eye. Optical coherence tomography (OCT) showed preserved left retinal nerve fibre layer (RNFL) and severe right RNFL thinning.

CONCLUSION:

Clinically silent pituitary macroadenomas may present as isolated central visual loss. Early recognition and surgical decompression are crucial for visual recovery.

KEYWORDS:

Chiasm, Macroadenoma, Pituitary, Neuro-ophthalmology, Neuropathy



EP-CR-041
 Neuro-ophthalmology

GIANT NON-FUNCTIONING PITUITARY ADENOMA MASKED BY MILD PTOSIS

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BACKGROUND:

Non-functioning pituitary adenomas (NFPAs) usually manifest with overt neuro-ophthalmic deficits. However, large sellar masses can present with remarkably vague signs, risking diagnostic delay.

CASE REPORT:

A 57-year-old female presented with progressive left eye ptosis, left headache, and retro-orbital pain, without diplopia or blurring. Ocular motility and fundoscopy were normal. The ptosis was exceptionally mild, with a Margin Reflex Distance-1 (MRD1) difference of <1mm between the eyes. Crucially, a bedside confrontation test was completely normal. Despite this, an automated Humphrey Visual Field (HVF) test was performed, unmasking subtle bitemporal hemianopia. CT brain confirmed a 2.1cm x 3.1cm x 2.2cm sellar mass displacing the optic chiasm and encasing the left cavernous internal carotid artery, diagnostic of an NFPA with partial third nerve palsy.

CONCLUSION:

Deceptively minor symptoms and normal bedside confrontation can mask advanced chiasmal compression. Automated perimetry is indispensable for diagnosis.

KEYWORDS:

Non-functioning pituitary adenoma, mild ptosis, confrontation test, bitemporal hemianopia, Humphrey visual field.



EP-CR-042
 Neuro-ophthalmology

HEADACHE AND PAPILLOEDEMA: A THREE CASE SERIES OF IDIOPATHIC INTRACRANIAL HYPERTENSION

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BACKGROUND:

Idiopathic intracranial hypertension (IIH) typically affects obese women of reproductive age but may also occur in atypical populations. Early recognition is crucial to prevent irreversible visual loss.

CASE SERIES:

Three patients presented with headache, diplopia and bilateral papilloedema with preserved visual acuity and optic nerve function, normal intraocular pressure. Lumbar puncture showed elevated opening pressures (44–56 cmH₂O). Neuroimaging demonstrated variable radiological features consistent with IIH including partial empty sella, posterior globe flattening and optic nerve sheath distension. Presentations varied; a 21 years old overweight Indian woman without extraocular muscle movement restriction, an 18 years old non obese Malay man with bilateral abduction deficits, esotropia, and peripapillary haemorrhages, and a 35 years old obese Malay woman with dyslipidaemia and contraceptive use. All patients showed symptomatic and visual improvement following acetazolamide and topiramate therapy.

CONCLUSION:

IIH exhibits diverse demographic and clinical presentations. Awareness of atypical cases particularly in males and non obese individuals, facilitates timely diagnosis, treatment and preservation of vision.

KEYWORDS:

Atypical idiopathic intracranial hypertension; Idiopathic intracranial hypertension; Papilloedema.



EP-CR-043
Neuro-ophthalmology

INTERNUCLEAR OPHTHALMOPLEGIA AS THE INITIAL MANIFESTATION OF PAEDIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS

BACKGROUND:

Internuclear ophthalmoplegia (INO) is uncommon in children and may indicate underlying neurological or autoimmune disease.

CASE REPORT:

A previously healthy 13-year-old girl presented with binocular diplopia and right adduction deficit for 2 days. Examination revealed right adduction deficit with left abducting nystagmus and left visual field diplopia. Visual acuity was 6/9 bilaterally with otherwise normal ocular findings. Further history revealed migratory polyarthralgia, lower limb swelling, morning stiffness, and significant weight loss over 2 months. MRI demonstrated FLAIR hyperintensity involving right medial longitudinal fasciculus and bilateral dorsal pontine regions. Autoimmune workup confirmed systemic lupus erythematosus. Following intravenous methylprednisolone and cyclophosphamide therapy, ocular motility improved significantly within one week.

CONCLUSION:

INO may be an initial neuro-ophthalmic manifestation of paediatric SLE. Early recognition and multidisciplinary evaluation facilitate timely diagnosis and treatment.

KEYWORDS:

Internuclear ophthalmoplegia, neuro-ophthalmology, systemic lupus erythematosus



OFTALMOPLÉGIA INTERNUKLEAR SEBAGAI MANIFESTASI AWAL LUPUS ERITEMATOSUS SISTEMIK

LATAR BELAKANG:

Oftalmoplegia internuclear (INO) jarang berlaku dalam kalangan kanak-kanak dan menunjukkan kewujudan penyakit neurologi atau autoimun yang mendasari.

LAPORAN KES:

Seorang pesakit perempuan berusia 13 tahun yang sebelum ini sihat telah hadir dengan penglihatan berganda dan deficit adduksi mata selama 2 hari. Pemeriksaan menunjukkan deficit adduksi mata kanan dan nistagmus mata kiri semasa abduksi serta penglihatan berganda pada medan penglihatan kiri. Ketajaman penglihatan adalah 6/9 pada kedua-dua belah mata dengan pemeriksaan okular yang normal. Sejarah lanjut mendedahkan poliartralgia migratori, bengkak anggota kaki, kekakuan sendi pagi waktu pagi, dan penurunan berat badan yang ketara selama 2 bulan. MRI menunjukkan hiperintensiti FLAIR yang melibatkan fasikulus longitudinal medial kanan dan kawasan dorsal pons. Siasatan autoimun mengesahkan diagnosis lupus eritematosus sistemik (SLE). Selepas rawatan dengan metilprednisolon intravena dan siklofosamid, pergerakan mata menunjukkan perbaikan dalam tempoh satu minggu.

KESIMPULAN:

Oftalmoplegia internuclear boleh menjadi manifestasi neuro-ofthalmologi awal dalam SLE. Pengesanan dan penilaian multidisiplin dapat memudahkan diagnosis serta rawatan yang tepat dengan awal.

KATA KUNCI:

Oftalmoplegia internuclear, neuro-ofthalmologi, lupus eritematosus sistemik



EP-CR-044
Neuro-ophthalmology

ISCHEMIA OR INVASION? DECODING A SIXTH NERVE PALSY IN A HYPERTENSIVE PATIENT

BACKGROUND:

Nasopharyngeal carcinoma (NPC) is an insidious malignancy commonly presents with cervical lymphadenopathy or otologic symptoms but also can present with subtle ophthalmic signs. The abducens nerve is uniquely vulnerable to tumor compression due to its long intracranial course.

CASE REPORT:

A 70-year-old Chinese male with hypertension presented with 1 week history of binocular horizontal diplopia and 2 months of left-sided headache. Ocular examination confirmed an isolated left sixth nerve palsy. A contrasted computed tomography revealed an aggressive left nasopharyngeal mass with bony skull base destruction and cavernous sinus invasion. Biopsy via flexible laryngoscopy by the otorhinolaryngology team confirmed non-keratinizing nasopharyngeal carcinoma. He was then promptly referred to oncology for definitive concurrent chemoradiotherapy.

CONCLUSION:

This case underscores that an isolated sixth nerve palsy in elderly is not always microvascular and highlights potential sign of advanced nasopharyngeal carcinoma, enabling timely multidisciplinary referral and treatment.

KEYWORDS:

Abducens nerve palsy, sixth nerve palsy, nasopharyngeal carcinoma



ISKEMIA ATAU INVASI? DI SEBALIK PALSI SARAF KRANIAL KEENAM DALAM PESAKIT HIPERTENSI

LATAR BELAKANG:

Karsinoma nasofaring (NPC) ialah keganasan yang sering bersifat insidios dan lazimnya hadir dengan limfadenopati servikal atau gejala otologi, namun ia juga boleh muncul dengan tanda oftalmologi yang halus. Saraf abduzens amat terdedah kepada mampatan tumor kerana laluan intrakranialnya yang panjang.

LAPORAN KES:

Seorang lelaki Cina berusia 70 tahun dengan hipertensi hadir dengan sejarah diplopia horizontal binokular selama seminggu dan sakit kepala sebelah kiri selama dua bulan. Pemeriksaan okular mengesahkan palsy saraf kranial keenam kiri yang terasing. Imbasan tomografi berkomputer berkontras mendedahkan jisim nasofaring kiri yang agresif dengan pemusnahan tulang dasar tengkorak serta invasi ke sinus kavernosus. Biopsi melalui laringoskopi fleksibel oleh pasukan Otorinolaringologi mengesahkan karsinoma nasofaring jenis bukan keratinisasi. Pesakit kemudiannya dirujuk segera kepada pasukan onkologi untuk menjalani kemoradioterapi serentak sebagai rawatan definitif.

KESIMPULAN:

Kes ini menekankan bahawa palsy saraf kranial keenam yang terasing dalam kalangan warga emas tidak semestinya berpunca daripada penyakit mikrovaskular. Ia juga boleh menjadi petanda karsinoma nasofaring yang telah lanjut, sekali gus membolehkan rujukan multidisiplin dan rawatan yang tepat pada masanya.

KATA KUNCI:

Palsy saraf abduzens, palsy saraf kranial keenam, karsinoma nasofaring.



EP-CR-045
 Neuro-ophthalmology

LEBER HEREDITARY OPTIC NEUROPATHY ACROSS THE AGE SPECTRUM: A CASE SERIES OF TWO GENETICALLY CONFIRMED CASES WITH THE M.11778G>A MUTATION

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BACKGROUND:

Leber hereditary optic neuropathy (LHON) is a maternally inherited mitochondrial disorder characterized by painless bilateral central visual loss and optic neuropathy. Diagnosis is often challenging because of variable presentations and the need to exclude other causes of optic atrophy.

CASE REPORT:

We report two unrelated patients with LHON: an 11-year-old Chinese boy and a 69-year-old woman, both presenting with bilateral visual impairment (visual acuity 3/60) and optic atrophy. Extensive investigations were unrevealing before genetic testing identified the pathogenic m.11778G>A mutation in the *MT-ND4* gene. Both commenced idebenone 300 mg three times daily. The boy reported visual improvement and was referred for low-vision rehabilitation for educational support. Pedigree analysis in the woman's family demonstrated maternal inheritance, although comprehensive testing of at-risk relatives was limited by financial constraints.

CONCLUSION:

LHON should be considered in patients with unexplained bilateral visual loss and optic atrophy. Early recognition and genetic testing are essential for establishing the diagnosis and enabling timely treatment and visual rehabilitation, while pedigree assessment facilitates identification of affected families and at-risk relatives.

KEYWORDS:

Genetic testing, Idebenone, Leber hereditary optic neuropathy, Mitochondrial disease, Optic atrophy

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EP-CR-046
Neuro-ophthalmology

OMG, IT'S TOO HOT: HEATWAVE-ASSOCIATED OCULAR MYASTHENIA GRAVIS

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BACKGROUND:

This is a case series of ocular myasthenia gravis (OMG) presented in a single center during the hot monsoon season.

CASE REPORT:

We present three cases of OMG in females of childbearing age (24-41 years old) with underlying autoimmune thyroid disease. They presented to Hospital Sibu within the same week during the prolonged heatwave in April 2026. The patients had varied presentations on the initial examination. We performed further investigations and the patients were co-managed with the neuro-medical team. This report suggests that elevated environmental temperatures may have contributed to symptom exacerbation. It also highlights the correlation between autoimmune thyroid disease and myasthenia gravis.

CONCLUSION:

Early-onset Myasthenia Gravis is more common in women and is often associated with autoimmune thyroid disease. Symptoms may worsen with heat exposure due to impaired neuromuscular transmission.

KEYWORDS:

myasthenia gravis, hyperthyroidism, heat, thymoma, ptosis



EP-CR-047
Neuro-ophthalmology

RECOVERY OF VISUAL PERCEPTION IN CORTICAL BLINDNESS

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BACKGROUND:

Visual function was successfully restored with re-initiation of anticoagulant in a patient with underlying atrial fibrillation post occipital infarct.

CASE REPORT:

A 75-year-old lady with underlying hypertension, atrial fibrillation, dyslipidemia and previous history of transient ischemic attack presented with sudden onset of bilateral vision loss after discontinuation of anticoagulation therapy for one week. She also had generalised headache and syncopal episodes. On examination, bilateral visual acuity was no light perception with normal anterior segment findings and normal fundus examinations. Computed tomography of brain showed acute bilateral occipital infarct and magnetic resonance imaging of the brain revealed bilateral acute cerebral haemorrhagic infarcts with stenosis in the right posterior cerebral artery. Anticoagulation was immediately recommenced for the patient. Her visual acuity was restored to 6/9 bilaterally after four days.

CONCLUSION:

Early recognition of cortical blindness with timely administration of antithrombotic therapy in ischemic stroke in patient with underlying atrial fibrillation can substantially promote visual recovery.

KEYWORDS:

Cortical blindness, occipital infarct, visual recovery



EP-CR-048
 Neuro-ophthalmology

THE EYE AS THE MESSENGER: UNILATERAL OPTIC NEUROPATHY AND ABDUCENS NERVE PALSY REVEALING ADVANCED NASOPHARYNGEAL CARCINOMA

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BACKGROUND:

Optic neuropathy is a rare presenting manifestation of nasopharyngeal carcinoma (NPC) usually resulting from skull base, orbital apex or intracranial extension. Neuro-ophthalmic signs may precede the diagnosis of malignancy and provide an important diagnostic clue. Patients may initially present with visual impairment and optic disc swelling, while associated sixth cranial nerve palsy suggests skull base or cavernous sinus involvement. Awareness of these neuro-ophthalmic manifestations is important, as early recognition can expedite diagnosis and facilitate prompt oncological management.

CASE REPORT:

A 64-year-old Chinese man with underlying hypertension presented with a one-month history of gradual, painless visual deterioration in his right eye. He denied diplopia, headache, or constitutional symptoms but reported intermittent tinnitus and nasal obstruction. Ocular examination revealed positive right relative afferent pupillary defect. Vision in the right eye was limited to perception of light, localized to only superior visual field. Mild limitation of right eye abduction (-1) was noted consistent with a right abducens nerve palsy. The anterior segment was unremarkable, while fundus examination demonstrated 360-degree optic disc swelling. The left eye examination was normal. Contrasted CT revealed a locally invasive nasopharyngeal carcinoma with intracranial and intraorbital extension. The patient was subsequently referred to the ENT team for further management.

CONCLUSION:

This case underscores the importance of considering nasopharyngeal carcinoma in patients presenting with unilateral optic neuropathy and cranial nerve palsy, particularly in endemic populations. Early recognition of neuro-ophthalmic manifestations may facilitate timely diagnosis and oncological intervention.

KEYWORDS:

Abducens nerve palsy, nasopharyngeal carcinoma, optic neuropathy.



EP-CR-049
 Neuro-ophthalmology

THE SILENT SINUS: POSTPARTUM CAVERNOUS SINUS THROMBOSIS PRESENTING AS MULTIPLE CRANIAL NERVE PALSIES

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BACKGROUND:

Postpartum cavernous sinus thrombosis (CST) is a rare but potentially life-threatening condition with protean neuro-ophthalmic manifestations. Early recognition is crucial, particularly when symptoms mimic isolated cranial neuropathies or stroke.

CASE REPORT:

A 39-year-old woman, three months postpartum, presented with sudden-onset binocular diplopia preceded by severe unilateral headache and retro-orbital pain for five days. Examination demonstrated progressive right ophthalmoplegia involving the third, fourth, and sixth cranial nerves, accompanied by subtle proptosis and ptosis. Initial plain CT brain showed no acute infarction, creating diagnostic uncertainty and concern for pontine stroke. However, persistent progressive restriction of ocular motility prompted urgent contrast-enhanced magnetic resonance imaging, which revealed right cavernous sinus thrombosis with filling defect suggestive of thrombosis. Anticoagulation was commenced promptly, resulting in thrombus regression evidenced on follow-up imaging, accompanied by clinical improvement in diplopia and extraocular movements.

CONCLUSION:

Postpartum CST may masquerade as isolated ocular motor nerve palsies or pontine stroke. Early recognition, prompt neuroimaging and multidisciplinary management are essential to prevent permanent ocular and neurological morbidity.

KEYWORDS:

Postpartum thrombosis; cavernous sinus thrombosis; ophthalmoplegia; cranial nerve palsy; diplopia; neuro-ophthalmology



EP-CR-050
 Neuro-ophthalmology

THYROID EYE DISEASE VS. CCF: NAVIGATING THE DIAGNOSTIC DILEMMA OF CONCURRENT HYPERTHYROIDISM

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BACKGROUND:

Direct carotico-cavernous fistula (CCF) can mimic thyroid eye disease, creating a challenging diagnostic dilemma. Concurrent hyperthyroidism acts as a confounding factor which frequently delays definitive management.

CASE PRESENTATION:

A 64-year-old Malay gentleman presented with bilateral red eyes, non-pulsatile proptosis, and diplopia. Concurrent hyperthyroidism led to initial diagnosis of dysthyroid optic neuropathy (DON). He received high-dose intravenous methylprednisolone which paradoxically worsened his ocular symptoms and prompted reinvestigation. A repeat orbital/brain MRI revealed a high-flow right direct CCF with suspected intracranial bleeding. He was then urgently referred for endovascular intervention.

CONCLUSION:

Direct CCF can mimic DON, particularly in newly diagnosed hyperthyroidism patients. CCF must be suspected in patients presenting with proptosis, conjunctival injection, and diplopia who fail to respond to standard corticosteroid therapy. In atypical presentations, timely reinvestigation is critical to establish the correct diagnosis and prevent catastrophic complications.

KEYWORDS:

Carotico-cavernous fistula, Diagnostic challenge, Dysthyroid optic neuropathy, Hyperthyroidism, Proptosis.



EP-CR-051
 Neuro-ophthalmology

WHEN DIALYSIS BLINDS: DIALYSIS-ASSOCIATED NON-ARTERITIC ANTERIOR ISCHEMIC OPTIC NEUROPATHY IN A YOUNG PATIENT

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BACKGROUND:

Non-arteritic anterior ischemic optic neuropathy (NAION) typically affects older individuals with vascular risk factors. Dialysis-associated NAION (DA-NAION) occurs in end-stage renal failure (ESRF), often related to intradialytic hypotension and anemia, and may affect younger patients.

CASE REPORT:

A 44-year-old woman with ESRF on long-term hemodialysis presented with sudden painless visual loss in the left eye following a dialysis session. She had no diabetes or hypertension. The left eye vision is Hand Movement with a positive relative afferent pupillary defect. Fundoscopy revealed left optic disc edema and a crowded disk in the fellow eye. CT imaging was unremarkable. Dialysis records showed recurrent intradialytic hypotension (systolic blood pressure <90 mmHg), with diastolic pressure as low as 32 mmHg.

CONCLUSION:

DA-NAION should be suspected following hypotensive episodes in dialysis patients. Early recognition and hemodynamic stabilization are essential to reduce risk of bilateral involvement.

KEYWORDS:

Dialysis-associated NAION, Intradialytic hypotension, Optic disc edema



EP-CR-052
Neuro-ophthalmology

WHEN THE EYE BULGES WITHOUT WARNING: A CASE OF SPONTANEOUS NON-TRAUMATIC ORBITAL HEMATOMA

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BACKGROUND:

Spontaneous orbital haemorrhage is rare, may mimic sinister pathology, and its vascular cause is difficult to confirm.

CASE REPORT:

A 28-year-old hypertensive man presented with a three-day history of right upper eyelid swelling, headache, orbital pain and diplopia without preceding trauma, anticoagulation or coagulopathy. Visual acuity was 6/9 bilaterally with preserved optic nerve function and no RAPD. Intraocular pressure was initially raised but normalized spontaneously. Examination revealed mechanical ptosis, non-pulsatile proptosis (Hertel 20 vs 17 mm), inferior dystopia and restricted elevation. Computed tomography of the brain and orbit revealed an acute right extraconal hematoma with incidental cerebellar and parietal developmental venous anomalies, confirmed on computed tomography angiography and venography, with no arteriovenous malformation or active bleed. At the latest follow-up, symptoms had improved without intervention and patient is currently awaiting MRI and digital subtraction angiography.

CONCLUSION:

Spontaneous orbital hematoma can resolve conservatively provided intraocular pressure and optic nerve function are monitored. Structured neuroimaging and multidisciplinary follow-up are essential modalities

KEYWORDS:

Diplopia, Developmental venous anomaly, Orbital vascular malformation, Orbital haematoma, Proptosis



EP-CR-053
Neuro-ophthalmology

WHEN THE OPTIC DISC SPEAKS

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BACKGROUND:

Pregnancy-related hormonal and vascular changes can affect the eyes and optic nerve via fluid retention, altered cerebrospinal fluid dynamics, and increased vascular permeability. Elevated estrogen and progesterone may promote optic nerve sheath distension and optic disc swelling.

CASE REPORT:

A 30-year-old primigravida (G1P0) at 33 weeks and 3 days of gestation was referred for ophthalmic assessment following admission for headache. Visual acuity was 6/9, with normal color vision and no relative afferent pupillary defect. Fundus examination revealed bilateral optic disc swelling without retinal hemorrhages or hard exudates. Contrast-enhanced CT of the brain and orbits, including CT venogram, was normal. Following neuromedical evaluation, findings were attributed to severe preeclampsia with raised intracranial pressure. An emergency lower-segment Caesarean section was performed.

CONCLUSION:

Postpartum resolution of physiological changes led to gradual improvement of optic disc edema. Early recognition and multidisciplinary care are essential to preserve vision and optimize outcomes.

KEYWORDS:

Preeclampsia, Optic Disc Swelling, Raised Intracranial Pressure, Pregnancy.



EP-CR-054
Oncology

A SHADOW BENEATH THE RETINA: AN OCULAR DIAGNOSTIC CHALLENGE

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BACKGROUND:

Sudden painless visual loss accompanied by a choroidal lesion presents a diagnostic challenge due to the broad spectrum of underlying neoplastic, inflammatory, and vascular aetiologies. Accurate differentiation is essential as management strategies and prognoses vary considerably.

CASE REPORT:

We report a case of a 53-year-old gentleman with diabetes mellitus, hypertension, hyperlipidaemia, and obesity presented with a one-week history of sudden painless blurring of vision in the left eye, preceded by a superior visual field defect. Visual acuity was 6/9 in the right eye and counting fingers in the left eye. Fundus examination revealed a large elevated subretinal lesion involving the posterior pole and macula with associated subretinal haemorrhage. The lesion initially raised consideration of both vascular and neoplastic causes. B-scan ultrasonography demonstrated a dome-shaped choroidal mass with low internal reflectivity, while computed tomography identified a posterior globe lesion measuring $9.9 \times 4.7 \times 14.0$ mm. Initial systemic investigations and tumour markers were unremarkable, leaving the diagnosis unresolved and necessitating further ocular oncology evaluation.

CONCLUSION:

This case highlights the importance of multimodal imaging in evaluating choroidal lesions and demonstrates the diagnostic complexity of distinguishing ocular malignancies from their clinical mimickers.

KEYWORDS:

Choroidal lesion, Multimodal imaging, Ocular oncology, Subretinal mass, Visual loss



EP-CR-055
Oncology

A SINONASAL MALIGNANCY MASQUERADING AS A REFRACTORY PERIORBITAL INFECTION

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BACKGROUND:

Sinonasal malignancies may mimic inflammatory or infectious orbital conditions, resulting in delayed diagnosis and treatment. Poor response to antibiotic therapy should raise suspicion for underlying non-infectious etiologies, including neoplastic processes.

CASE REPORT:

A 41-year-old gentleman presented with a one-month history of persistent right medial periorbital swelling associated with epiphora and pruritus. Initial visual acuity was 6/9. Despite multiple courses of oral antibiotics for presumed dacryocystitis, symptoms progressed with proptosis and limitation of extraocular movements. Clinical examination revealed minimal inflammatory signs with initially unremarkable fundus findings. Contrast-enhanced computed tomography demonstrated a right sinonasal mass with orbital extension and bony erosion. Biopsy confirmed sinonasal squamous cell carcinoma. Subsequent magnetic resonance imaging revealed orbital apex and dural involvement (T4bN2cM0, Stage IVB).

CONCLUSION:

Refractory periorbital infections warrant early imaging and multidisciplinary evaluation to exclude underlying neoplastic lesions and prevent vision- and life-threatening complications.

KEYWORDS:

Orbital Extension, Refractory Periorbital Infection, Sinonasal Malignancy, Squamous Cell Carcinoma



KANSER SINONASAL YANG MENYAMAR SEBAGAI JANGKITAN PERIORBITAL REFRAKTORI

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LATAR BELAKANG:

Kanser sinonasal boleh menyerupai jangkitan atau keradangan orbital sehingga menyebabkan kelewatan diagnosis dan rawatan. Respon yang lemah pada antibiotik seharusnya menimbulkan kecurigaan pada penyebab punca yang lain seperti kanser.

KES KAJIAN:

Seorang lelaki berusia 41 tahun hadir dengan bengkak periorbital medial kanan berpanjangan selama sebulan, disertai mata berair dan gatal. Ketajaman penglihatan awal ialah 6/9. Walaupun menerima beberapa siri antibiotik oral untuk radang kantung air mata, simptom semakin teruk dengan mata tersembul dan pergerakan mata yang terhad. Pemeriksaan klinikal menunjukkan tanda keradangan minima dengan fundus yang pada awalnya normal. Imbasan CT berkontras menunjukkan ketumbuhan sinonasal kanan dan merebak ke orbit serta hakisan tulang. Biopsi mengesahkan karsinoma sel skuamus sinonasal. MRI seterusnya menunjukkan penglibatan apeks orbital dan dura (T4bN2cM0, Tahap IVB).

KESIMPULAN:

Kes ini menekankan kepentingan pengimejan awal dan penilaian multidisiplin bagi kes jangkitan periorbital yang tidak responsif terhadap antibiotik.

KATA KUNCI:

Peluasan Orbitari, Jangkitan Periorabital Refraktori, Kanser Sinonasal, Sel Skuamus Sinonasal



EP-CR-056
Oncology

BEYOND THE RETINA: THE EYE AS THE FIRST CLUE IN UNMASKING SYSTEMIC MALIGNANCY

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BACKGROUND:

Intraocular metastasis may be the first manifestation of systemic malignancy. Although the choroid is the most commonly affected site, metastatic disease can present with diverse ocular findings.

CASE REPORT:

This retrospective case series describes two patients who presented with painless, severe bilateral vision loss and had a history of breast carcinoma post-mastectomy. Case 1, previously in remission, presented with rhegmatogenous retinal detachment that did not obey Lincoff's rules; this was later found to be an exudative retinal detachment secondary to choroidal metastases. Case 2, who refused systemic therapy, had pre-existing myopic tractional maculoschisis with foveal detachment; vision initially improved post-vitreotomy, subsequently deteriorating rapidly without ocular metastasis; worsening vision with Gerstmann's syndrome revealed brain metastases.

CONCLUSION:

Retinal findings disproportionate to vision loss warrant systemic evaluation, as early recognition may be sight- and life-saving.

KEYWORDS:

Metastatic disease; Ocular manifestations; Systemic malignancy; Vision loss.



EP-CR-057
Oncology

MALIGNANT CONJUNCTIVAL MELANOMA

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BACKGROUND:

Conjunctival malignant melanoma is an uncommon yet aggressive tumour with risk of visual impairment and mortality from metastasis.

CASE REPORT:

A 31-year-old man presented with a 1-month history of painless, rapidly progressive swelling of the left conjunctiva.

On examination, there was a 5mm x 8mm, mobile, non-friable mass over the inferotemporal bulbar conjunctival of the left eye with feeder vessels. A flat conjunctival nevus was noted at the nasal conjunctiva, with iris pigment deposition on the corneal epithelium.

He underwent wide excisional biopsy and epitheliectomy of the left eye. Histopathological examination revealed high grade conjunctival intraepithelial neoplasia in the nasal conjunctival tissue and malignant melanoma in the inferior conjunctival lesion, with no limbal involvement.

CONCLUSION:

Early diagnosis and treatment are crucial for malignant conjunctival melanoma due to its high risk of recurrence and mortality.

KEYWORDS:

Malignant melanoma, Conjunctiva, Neoplasia, Mortality



EP-CR-058
Oncology

THE DIAGNOSTIC CHASE: BILATERAL PROPTOSIS UNVEILS PAEDIATRIC CRANIOFACIAL MYELOID SARCOMA

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BACKGROUND:

Progressive bilateral paediatric proptosis demands rapid differentiation of rare ophthalmic and systemic malignancies.

CASE REPORT:

A 13-month-old male presented with fever and progressive bilateral proptosis. Imaging showed a massive maxillofacial mass with bilateral extraconal, airway, and intracranial extension. Initial systemic screens and ophthalmic biopsies were negative. The disease progressed despite empiric steroids, causing airway narrowing, severe chemosis, and secondary glaucoma. Neurosurgery and ENT deferred intervention due to anatomical risks. Finally, plastics-guided temporal and infraorbital biopsies broke the diagnostic deadlock, revealing extramedullary myeloid sarcoma. Prompt chemotherapy initiated by paediatric oncology yielded dramatic clinical improvement, with post-treatment MRI showing marked resolution of the extensive craniofacial and orbital masses.

CONCLUSION:

When initial biopsies fail, persistent multidisciplinary collaboration is vital to diagnose elusive orbital tumours, enabling sight- and life-saving chemotherapy.

KEYWORDS:

Bilateral proptosis; Myeloid sarcoma; Paediatric orbital tumours; Multidisciplinary diagnosis; Extramedullary leukaemia



JEJAK DIAGNOSTIK: PROPTOSIS BILATERAL MENYINGKAP SARKOMA MIELOID KRANIOFASIAL PEDIATRIK

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LATAR BELAKANG:

Proptosis pediatrik bilateral yang progresif memerlukan diagnosis pantas bagi merawat malignansi oftalmik dan sistemik yang jarang berlaku.

LAPORAN KES:

Seorang bayi lelaki berusia 13 bulan hadir dengan demam dan proptosis bilateral yang progresif. Pengimejan menunjukkan ketumbuhan maksilofasial yang besar yang telah merebak ke kawasan ekstrakranial bilateral, saluran pernafasan, dan intrakranial. Saringan sistemik awal dan biopsi oftalmik adalah negatif. Penyakit ini terus berkembang berikutan pemberian steroid empirik, menyebabkan penyempitan saluran pernafasan, kemosi teruk, dan glaukoma sekunder. Pihak Bedah Saraf otak dan ENT menanggunguhkan intervensi disebabkan oleh risiko anatomi. Akhirnya, biopsi kawasan temporal dan infraorbital dengan panduan pakar bedah plastik berjaya merungkai kebuntuan diagnostik, mendedahkan sarkoma mieloid ekstrapedukulari. Rawatan kemoterapi segera yang dimulakan oleh unit onkologi pediatrik memberikan penambahbaikan klinikal yang ketara, dengan imbasan MRI pasca-rawatan menunjukkan resolusi ketara pada ketumbuhan kraniofasial dan orbital.

KESIMPULAN:

Apabila biopsi awal gagal, kerjasama multidisiplin yang berterusan adalah amat penting untuk mendiagnosis tumor orbital yang sukar dikesan, sekali gus membolehkan rawatan kemoterapi yang menyelamatkan penglihatan dan nyawa.

KATA KUNCI:

Proptosis bilateral; Sarkoma mieloid; Tumor orbital pediatrik; Diagnosis multidisiplin; Leukemia ekstrapedukulari.



EP-CR-059
Oncology

THE EYE AS A WINDOW TO LYMPHOMA: SECONDARY VITREORETINAL LYMPHOMA REVEALING STAGE IV DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL)

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BACKGROUND:

Vitreoretinal lymphoma is a rare but aggressive malignancy, most commonly associated with diffuse large B-cell lymphoma (DLBCL), and often masquerades as chronic posterior uveitis, resulting in delayed diagnosis.

CASE REPORT:

A 61-year-old Malay woman with a history of latent tuberculosis presented with progressive blurring of vision in her left eye for three weeks and floaters for one year. Visual acuity was 6/7.5 in the right eye and counting fingers in the left eye. Fundus examination revealed dense vitritis in the left eye, with B-scan ultrasonography confirming dense vitreous opacities. Following pars plana vitrectomy, vitreous cytology showed atypical mononuclear cells but was inconclusive for malignancy. MRI identified an incidental right sinonasal lesion, and biopsy of a nasal mass confirmed DLBCL. Bone marrow examination was negative for lymphomatous infiltration. A diagnosis of stage IV DLBCL with secondary vitreoretinal involvement was established. The patient received systemic and intravitreal chemotherapy.

CONCLUSION:

Vitreoretinal lymphoma should be considered in cases of atypical or persistent vitritis.

KEYWORDS:

Diffuse large B-cell lymphoma; Non-germinal center B-cell; Vitreoretinal lymphoma



EP-CR-060
Oncology

THE EYE AS A WINDOW TO SYSTEMIC MALIGNANCY: BILATERAL UVEAL METASTASIS REVEALING DISSEMINATED NON SEMINOMATOUS GERM CELL TUMOR

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BACKGROUND:

To report a rare case of ocular metastasis from Non-seminomatous germ cell tumors (NSGCT) with choriocarcinoma components and to highlight the important role of ophthalmologist in detecting live threatening malignancy.

CASE REPORT:

A 40-year-old gentleman presented with a two-week history of bilateral generalized blurring of vision and reduced effort tolerance. Visual acuity was no perception of light in RE and 6/36 ph 6/24 in the LE

Anterior segment examination of the RE revealed corneal bedewing with raised intraocular pressure, while the LE anterior segment was unremarkable. Posterior segment examination, supported by B-scan and OCT macula demonstrated bilateral solitary choroidal masses associated with exudative retinal detachment.

Systemic examination revealed right testicular enlargement with cord thickening. Blood investigations showed severe anemia and elevated inflammatory markers. Chest Xray demonstrated right-sided pleural effusion. Magnetic resonance imaging of the brain and orbits revealed bilateral uveal metastases with brain metastasis. CTTAP confirmed pulmonary metastases with pleural effusion and right testicular enlargement. The patient was referred for multidisciplinary co-management.

He subsequently developed multiple episodes of upper gastrointestinal bleeding and right-sided hemothorax, requiring OGDS and right video-assisted thoracoscopic surgery for evacuation and hemostasis. HPE of a right pleural nodule, together with markedly elevated β -hCG, confirmed metastatic non-seminomatous germ cell tumor with a choriocarcinoma component. Despite multidisciplinary management, the patient developed persistent massive right hemothorax, hemoptysis, and gastrointestinal hemorrhage secondary to bleeding metastases, and ultimately succumbed to the disease.

CONCLUSION:

This case highlights the important role of ophthalmologists in detecting underlying life-threatening malignancy. In middle-aged men presenting with bilateral choroidal lesions, particularly when associated with unexplained anemia or constitutional symptoms, metastatic disease should be strongly considered. Early suspicion and prompt multidisciplinary referral are crucial, as delayed recognition may result in rapid clinical deterioration. The eye can serve as a window to systemic disease, and careful ocular assessment may provide the first opportunity for timely diagnosis in aggressive malignancies.

KEYWORDS:

Choroidal Metastasis, Non-seminomatous Germ Cell Tumor (NSGCT), Choriocarcinoma, Uveal Metastasis, Exudative Retinal Detachment



EP-CR-061
 Orbital, Oculoplastic, and Lacrimal

A DANGEROUS NOSE PICK: ORBITAL CELLULITIS WITH SEPTIC CAVERNOUS SINUS THROMBOSIS

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BACKGROUND:

Trauma within the facial danger triangle causes orbital cellulitis with complications of septic cavernous sinus thrombosis, in an immunocompetent individual.

CASE REPORT:

A 53-year-old man with gout presented with 3-day history of right eye (OD) swelling and redness after picking his right nostril with fingernail, causing epistaxis, and right nasolabial region swelling. Ocular examination revealed OD 360-degrees chemosis, axial proptosis, ophthalmoplegia, and intraocular pressure 31. Optic nerve functions preserved. Contrast-enhanced computed tomography brain and orbit demonstrated right orbital cellulitis with cavernous sinus and superior ophthalmic vein thrombosis. Right lateral canthotomy with cantholysis was performed. Multidisciplinary referrals were promptly made. He received intravenous Ceftriaxone and Metronidazole for 2 weeks, followed by oral Augmentin for 4 weeks. Anticoagulant therapy was started. He recovered well.

CONCLUSION:

High suspicion for orbital cellulitis even among immunocompetent individuals allows timely intervention in preventing vision- and life-threatening complications.

KEYWORDS:

Cavernous sinus thrombosis; Danger area of face; Orbital cellulitis



TABIAT MENGOREK HIDUNG YANG BERBAHAYA: SELULITIS ORBITAL DENGAN SEPTIK TROMBOSIS SINUS KAVERNOSUS

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LATAR BELAKANG:

Trauma pada segitiga bahaya muka boleh menyebabkan selulitis orbital dengan komplikasi septik trombosis sinus kavernosus, walaupun dalam individu imunokompeten.

LAPORAN KES:

Seorang lelaki berumur 53 tahun dengan gout hadir dengan sejarah 3 hari pembengkakan dan kemerahan mata kanan (OD) selepas mengorek lubang hidung kanan menggunakan kuku, menyebabkan epistaksis dan pembengkakan pada kawasan nasolabial kanan. Pemeriksaan okular menunjukkan kemosis 360 darjah, proptosis aksial, oftalmoplegia, dan tekanan intraokular 31 mmHg pada mata kanan. Fungsi saraf optik terpelihara. Imbasan tomografi berkomputer otak dan orbita berkontras menunjukkan selulitis orbita kanan dengan trombosis sinus kavernosus dan vena oftalmika superior kanan. Kantotomi dan kantolisis lateral mata kanan dilakukan. Rujukan multidisiplin dibuat dengan segera. Beliau menerima Ceftriaxone dan Metronidazole intravena selama 2 minggu, diikuti Augmentin oral selama 4 minggu. Terapi antikoagulan turut dimulakan. Pesakit pulih dengan baik.

KESIMPULAN:

Tahap syak wasangka yang tinggi terhadap selulitis orbita, walaupun dalam individu imunokompeten, membolehkan intervensi awal bagi mencegah komplikasi yang mengancam penglihatan dan nyawa.

KATA KUNCI:

Trombosis sinus kavernosus; segitiga bahaya muka; selulitis orbita



EP-CR-062

Orbital, Oculoplastic, and Lacrimal

A PAINFUL PROPTOSIS IN A YOUNG ADULT: A DIAGNOSTIC CHALLENGE

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BACKGROUND:

Idiopathic orbital inflammatory disease (IOID) is an uncommon benign orbital disease that often mimics other orbital pathologies, making diagnosis challenging.

CASE REPORT:

A 24-year-old woman presented with a one-month history of right eye proptosis, gaze-evoked pain, eyelid swelling and diplopia with no thyroid related symptoms. Examination revealed proptosis, painful restricted extraocular movements, upper lid erythema and conjunctival injection. Visual acuity, optic nerve functions, fundi and systemic examination were preserved. Inflammatory markers and free T4 were elevated, while antinuclear antibody were normal. Contrast-enhanced orbital imaging demonstrated enlargement of the right extraocular muscles with tendinous involvement, lacrimal gland enlargement and mild optic nerve sheath thickening. A diagnosis of IOID was made. Systemic corticosteroid therapy resulted in marked improvement, with resolution of proptosis and recovery of ocular motility.

CONCLUSION:

IOID is a diagnosis of exclusion and requires prompt treatment.

KEYWORDS:

diagnostic, Idiopathic orbital inflammatory disease, proptosis



EP-CR-063
 Orbital, Oculoplastic, and Lacrimal

A PEARLY CLUE TO MALIGNANCY: BASAL CELL CARCINOMA OF THE LOWER EYELID

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BACKGROUND:

Basal cell carcinoma (BCC) is the most common malignant eye tumour affecting elderly individuals and usually presents as a slow-growing lesion in sun-exposed areas.

CASE REPORT:

A 72-year-old woman with hypertension and dyslipidemia presented with progressive bilateral blurred vision for 3 years. She had a history of recurrent right eye pterygium treated with excision and grafting over 15 years earlier. Examination revealed nasal pterygium, temporal symblepharon, and an incidental right lower eyelid lesion. The lesion gradually enlarged over five months without bleeding, discharge, or preceding trauma. Visual acuity was 3/60 in the right eye. A 1.5×3cm pigmented indurated lesion with pearly rolled edges and telangiectasia was noted. Incisional biopsy confirmed nodular BCC. The patient underwent wide local excision with eyelid reconstruction, pterygium excision and symblepharon release, achieving good postoperative recovery.

CONCLUSION:

Incidental periocular nodular BCC may present as a slowly enlarging eyelid lesion. Prompt biopsy and surgical management are crucial for favorable functional and cosmetic outcomes.

KEYWORDS:

Basal cell carcinoma; Eyelid tumor; Oculoplastic surgery



EP-CR-064
 Orbital, Oculoplastic, and Lacrimal

CHRONIC CONJUNCTIVAL FOREIGN BODY MIMICKING CONJUNCTIVAL CHORISTOMA: A DIAGNOSTIC CHALLENGE

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BACKGROUND:

Conjunctival foreign bodies typically follow acute trauma. Without a trauma history, they can remain quiescent for decades, presenting a diagnostic challenge by masquerading as conjunctival choristomas.

CASE REPORT:

A 44 years old female with hyperthyroidism and a history of right eye rhegmatogenous retinal detachment repair 10 years prior presented with a painless, gradually enlarging right conjunctival mass of 10 years' duration. Visual acuity was 6/12 (OD) and 6/9 (OS). Examination revealed a 0.5×0.5 cm firm, shiny, immobile right inferotemporal epibulbar mass adherent to the sclera. Fundoscopy showed a right macular scar with inferior laser marks and left inferior laser marks. Orbital CT demonstrated a hyperdense structure. Excisional biopsy isolated a 14×4 mm, rod shaped foreign body fixed to the sclera, confirmed via histopathology.

CONCLUSION:

Chronic, asymptomatic conjunctival foreign bodies can mimic choristomas, posing a distinct diagnostic pitfall. They must be considered in atypical epibulbar masses, even without documented ocular trauma.

KEYWORDS:

Conjunctival choristoma; Conjunctival foreign body; Chronic retained foreign body.



EP-CR-065
Orbital, Oculoplastic, and Lacrimal

FROM SINUS TO ORBIT: A CASE SERIES OF ORBITAL CELLULITIS AND CAVERNOUS SINUS THROMBOSIS COMPLICATING SINUSITIS

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BACKGROUND:

Orbital cellulitis is a sight- and life-threatening complication of paranasal sinusitis that may progress to cavernous sinus thrombosis (CST) and even death, particularly in immunocompromised patients.

CASE REPORT:

We report two diabetic patients who developed sinusitis complicated by orbital cellulitis and CST. A 70-year-old man presented with headache, left periorbital swelling, proptosis, chemosis, and ophthalmoplegia. Imaging demonstrated pansinusitis with orbital involvement and superior ophthalmic vein enlargement. Tissue culture and histopathology confirmed invasive fungal infection. A 63-year-old woman presented with similar symptoms, and imaging revealed pansinusitis with orbital involvement and CST. Nasal cultures grew MRSA and ESBL-producing organisms. Both patients underwent urgent endoscopic sinus surgery and received targeted intravenous antimicrobial therapy. Clinical outcomes differed between the causative pathogen; the bacterial infection resolved completely, whereas the fungal infection showed only partial clinical recovery.

CONCLUSION:

Early diagnosis, imaging, microbiological identification and multidisciplinary management are crucial in preventing severe morbidity from sinusitis-related orbital cellulitis and CST.

KEYWORDS:

Cavernous sinus thrombosis, Diabetes mellitus, Orbital cellulitis, Sinusitis



EP-CR-066
 Orbital, Oculoplastic, and Lacrimal

GLOBE PERFORATION IN IGG4-RELATED ORBITAL DISEASE-: A RARE MANIFESTATION OF SEVERE SCLEROSING FIBROINFLAMMATION

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BACKGROUND:

IgG4-related orbital disease typically presented in the orbit with features of sclerosing inflammation with biopsy proven IgG4 positive plasma cells. We described a case of IgG4-related orbital disease presenting as globe.

CASE REPORT:

A 59-year-old man presented with left eye redness, gaze-evoked pain, and gelatinous conjunctival discharge for three months. Examination showed perception of light vision, conjunctival vascularization with significant uveal tissue exposure. Imaging showed enhancing thickened periorbital soft tissue. Conjunctiva biopsy demonstrated chronic active inflammation devoid of malignancy. Enucleation was performed, the globe shows markedly altered ocular architecture, and histopathology revealed IgG4-rich inflammation within a severe sclerosing fibroinflammatory background, consistent with IgG4-related orbital inflammation

CONCLUSION:

Histological evidence was required for the diagnosis, which demonstrated **IgG4-rich plasma cells** and marked fibrosis, confirming IgG4-related orbital inflammation.

KEYWORDS:

Globe perforation, IgG4 related orbital disease, **IgG4-related disease**, **positive plasma cells**



EP-CR-067
Orbital, Oculoplastic, and Lacrimal

LESS IS MORE: CONSERVATIVE MANAGEMENT OF INERT INTRAORBITAL FOREIGN BODY FOLLOWING BLAST INJURY

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BACKGROUND:

Ocular blast injuries are uncommon but complex. Intraorbital foreign bodies present a management dilemma depending on material type and clinically.

CASE REPORT:

A 51-year-old detonator officer sustained ocular trauma following a blast in Pangi, Tenom. The right eye's vision was hand movement with positive relative afferent pupillary defect, scleral laceration, corneal foreign bodies, hyphema, and vitreous hemorrhage. Computed tomography revealed hyperdense foreign body in the inferolateral extraconal space. Primary corneoscleral suturing, anterior chamber washout, intravitreal antibiotics, and corneal foreign bodies removal were performed. Lateral orbitotomy with foreign body removal planned but refused by patient. One month post-injury, vision improved with no diplopia or orbital inflammation.

CONCLUSION:

Inert intraorbital foreign body in blast-related trauma may be managed conservatively in selected cases with close monitoring.

KEYWORDS:

Blast injury, inert intraorbital foreign body, conservative



EP-CR-068
Orbital, Oculoplastic, and Lacrimal

LYMPHOMA OR LOOK-ALIKE? ADULT-ONSET ORBITAL XANTHOGRANULOMA AS A DIAGNOSTIC CHALLENGE

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BACKGROUND:

Adult-onset orbital xanthogranuloma (AOOX) is a rare non-Langerhans cell histiocytic disorder. Its clinical and radiological features may mimic orbital lymphoma, posing a diagnostic challenge.

CASE REPORT:

A 47-year-old Malay woman presented with a two-week history of left eye discomfort, progressive proptosis, redness, and pain on upgaze. Examination revealed left proptosis, mechanical ptosis, conjunctival injection with salmon patch lesion seen inferotemporally, and restricted extraocular movements. Computed tomography and magnetic resonance imaging demonstrated an enhancing inferolateral orbital mass involving the extraocular muscles, raising suspicion of orbital lymphoma. Incisional biopsy was performed, and histopathological examination confirmed AOOX. The patient was treated with intravenous methylprednisolone followed by a tapering course of oral prednisolone, resulting in significant improvement in ocular symptoms and orbital inflammation.

CONCLUSION:

AOOX is a rare orbital inflammatory disorder that may closely resemble orbital lymphoma. Histopathological confirmation is essential for accurate diagnosis, and prompt corticosteroid therapy can achieve favorable clinical outcomes.

KEYWORDS:

Adult-onset orbital xanthogranuloma, orbital lymphoma, proptosis, orbital mass, histopathology.



EP-CR-069
 Orbital, Oculoplastic, and Lacrimal

MOVING EYE IN TOLOSA-HUNT SYNDROME

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BACKGROUND:

Tolosa-Hunt Syndrome is a rare, idiopathic granulomatous inflammation involving the cavernous sinus, superior orbital fissure or orbital apex and usually clinically presented with painful ophthalmoplegia.

CASE REPORT:

A 68-year-old healthy man presented with intermittent headaches and left eye blurred vision. Initial examination was unremarkable, but CT imaging revealed soft tissue thickening involving the left cavernous sinus, superior orbital fissure, and orbital apex, suggestive of Tolosa-Hunt syndrome. Despite conservative management, his vision deteriorated over three months, with optic disc swelling and reduced optic nerve function. Repeat imaging showed disease progression. He was treated with intravenous methylprednisolone followed by oral prednisolone, resulting in significant visual and optic nerve function improvement. He remains under close follow-up with gradual steroid tapering.

CONCLUSION:

Tolosa-Hunt syndrome typically presents with retro-orbital pain and ophthalmoplegia and is a diagnosis of exclusion. Neuroimaging helps exclude tumour and vascular causes. Although this patient did not meet all diagnostic criteria, CT imaging showed characteristic soft tissue thickening. Clinical and radiological improvement following corticosteroid therapy further supported the diagnosis.

KEYWORDS:

Tolosa-Hunt Syndrome



EP-CR-070
 Orbital, Oculoplastic, and Lacrimal

PERIOcular BASAL CELL CARCINOMA: A CASE SERIES DEMONSTRATING DIVERSE CLINICAL PRESENTATIONS AND OUTCOMES.

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BACKGROUND:

Basal cell carcinoma (BCC) accounts for more than 90% of eyelid malignancies and commonly presents as a slow-growing lesion with local tissue destruction. Although metastasis is rare, delayed diagnosis or inadequate treatment may result in significant ocular morbidity. We report three cases of periocular BCC demonstrating varied clinical presentations, management challenges and outcomes.

CASE REPORT:

Case 1: A 78-year-old man presented with a 4-year history of a right upper eyelid ulcer. Histopathology confirmed nodular BCC. He underwent excision with frozen-section margin control and eyelid reconstruction using a Tenzel flap. Surgical margins were clear and no recurrence during follow-up.

Case 2: A 71-year-old man with previously irradiated left lower eyelid BCC developed recurrent disease with orbital invasion. Exenteration and radiotherapy were recommended but declined due to social and financial constraints.

Case 3: An 81-year-old woman with a history of nasal BCC and prior rhinectomy developed extension of recurrent disease to the medial canthus and lower eyelid. Multidisciplinary management involving ENT, plastic surgery and oculoplastic teams was planned for definitive excision and reconstruction.

CONCLUSION:

These cases illustrate the diverse presentations and clinical courses of periocular BCC. Early diagnosis, complete tumour excision with margin control and close follow-up are essential to reduce recurrence and minimise ocular morbidity. Lower eyelid and medial canthal involvement may be associated with more aggressive disease and challenging reconstruction.

KEYWORD:

Basal cell carcinoma, exenteration, eyelid, oculoplastic.



EP-CR-071
 Orbital, Oculoplastic, and Lacrimal

ROCHON- DUVIGNEAUD SYNDROME IN NASOPHARYNGEAL CARCINOMA

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BACKGROUND:

Nasopharyngeal carcinoma (NPC) rarely presents as superior orbital fissure syndrome, also known as Rochon-Duvigneaud syndrome; due to compression of multiple cranial nerves. We report a biopsy-proven case initially presenting with ophthalmic manifestations.

CASE REPORT:

A 62-year-old Malay man with hypertension presented with a 2-month progressive history of right ptosis, proptosis, forehead numbness, tinnitus, and submandibular swelling. Right visual acuity was 6/12, improved to 6/9 with pinhole, without relative afferent pupillary defect. Examination revealed ipsilateral proptosis with multiple cranial nerve palsies involving CN III, IV, V1, and VI, along with submandibular mass. Computed tomography demonstrated a 4.2 × 5.0 × 5.9 cm right fossa of Rosenmüller mass with extension into the superior orbital fissure and cavernous sinus. Histopathology confirmed non-keratinizing NPC. The patient responded favourably to neoadjuvant chemotherapy.

CONCLUSION:

NPC may present with Rochon-Duvigneaud syndrome, as multiple cranial nerve palsies causing ophthalmoplegia and other orbital manifestations may precede typical otorhinolaryngological symptoms. A high index of suspicion and urgent imaging is essential for early diagnosis and timely treatment.

KEYWORDS:

Nasopharyngeal carcinoma, Rochon-Duvigneaud syndrome, superior orbital fissure syndrome.



EP-CR-072
 Orbital, Oculoplastic, and Lacrimal

SIDEROSIS BULBI IN CHRONIC VISUAL DETERIORATION – A CASE REPORT

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BACKGROUND:

Siderosis bulbi has a serious consequence from retained ferrous intraocular foreign body which usually occurs from ocular trauma. A good prognosis depends on the interval between ferrous entry and removal.

CASE REPORT:

A 38-year-old malay male works as a contract worker presented with progressive right eye blurry of vision for four months and denies any history of recent trauma. On examination however, self-sealed full thickness cornea laceration wound with dispersed iris pigment on cornea and lens were seen. CT orbit showed right intraocular foreign body over posterior segment. He undergone vitreoretinal surgeries and his vision improve from 1/60 to 6/18 with +10.

CONCLUSION:

High index of suspicions is needed in patient presented with chronic visual loss and risk factors. Early recognition, prompt imaging and surgical removal are necessary to prevent irreversible visual loss.

KEYWORDS:

Chronic visual loss, Ferrous foreign body, Iris Pigment, Siderosis, Vitreoretina surgery



KEMOROSOTAN PENGLIHATAN KRONIK DAN SIDEROSIS BULBI – LAPORAN KES

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LATAR BELAKANG:

Bendasing seperti ferus di dalam mata selepas trauma, mempunyai risiko yang berat seperti siderosis bulbi. Prognosis yang baik bergantung kepada jarak masa antara trauma dan penerimaan rawatan.

LAPORAN KES:

38 tahun buruh binaan lelaki, telah mengadu kemorosotan penglihatan di mata kanan selama empat bulan dan menafikan sebarang trauma dalam masa terdekat. Namun semasa pemeriksaan, bekas parut kornea yang dalam dan mendapan pigmen iris di kornea dan kanta mata telah dikesan. Pemeriksaan CT orbit menunjukkan bendasing metalik di dalam mata. Selepas pembedahan vitreoretinal, penglihatannya bertambah baik daripada 1/60 ke 6/18 dengan +10.

KESIMPULAN:

Kecurigaan klinikal yang tinggi diperlukan terhadap pesakit yang mempunyai kemorosotan penglihatan kronik dan berisiko. Pengenalpastian awal dan rawatan segera dapat mengurangkan komplikasi kekal.

KATA KUNCI:

Bendasing ferus, Kemorosotan Penglihatan Kronik, Pigmen Iris, Siderosis bulbi, Vitreoretina surgery



EP-CR-073
 Orbital, Oculoplastic, and Lacrimal

TIME IS VISION: EMERGENCY CANTHOTOMY IN TRAUMATIC RETROBULBAR HAEMORRHAGE

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BACKGROUND:

Traumatic retrobulbar haemorrhage is a vision-threatening emergency that may rapidly progress to orbital compartment syndrome and permanent visual loss. Immediate recognition and timely intervention are essential to prevent irreversible optic nerve injury.

CASE REPORT:

A 28-year-old man presented following an animal assault with severe left periorbital swelling, proptosis, restricted extraocular movements, and markedly reduced visual acuity of 4/60. Examination revealed elevated intraocular pressure, relative afferent pupillary defect, and clinical concern for traumatic optic neuropathy. Computed tomography demonstrated retrobulbar haemorrhage with associated orbital wall fractures. Emergency lateral canthotomy and cantholysis were performed, followed by systemic corticosteroid therapy and multidisciplinary management. At one-month follow-up, visual acuity improved remarkably from 4/60 to 6/12, extraocular movements were full, diplopia had resolved, and intraocular pressure normalized to 10 mmHg. Only a mild residual grade 1 relative afferent pupillary defect remained.

CONCLUSION:

This case highlights the sight-saving role of prompt orbital decompression in traumatic retrobulbar haemorrhage. Early intervention can result in substantial visual recovery, even in patients presenting with severe visual impairment and suspected traumatic optic neuropathy.

KEYWORDS:

retrobulbar haemorrhage; orbital compartment syndrome; traumatic optic neuropathy; lateral canthotomy; animal assault; visual recovery





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EP-CR-141

Orbital, Oculoplastic, and Lacrimal

ACUTE PAINFUL RED EYE: A CASE OF FULMINANT ENDOGENOUS PANOPHTHALMITIS

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BACKGROUND:

Panophthalmitis is a rapidly progressive infection involving all ocular layers and surrounding tissues. It may mimic severe uveitis, particularly in immunocompromised patients, resulting in delayed diagnosis and poor visual outcomes.

CASE REPORT:

A 50-year-old woman with poorly controlled diabetes mellitus presented with one week of right eye blurred vision, redness, photophobia, and headache. Visual acuity was hand movement. Examination revealed hypopyon, dense anterior chamber inflammation, fibrin over the pupil, elevated intraocular pressure and obscured fundus view. B-scan demonstrated vitritis, and she was initially treated as panuveitis. Vision deteriorated to perception of light with subsequent ptosis, lid swelling, restricted ocular motility, and posterior synechiae. CT orbit confirmed panophthalmitis with subconjunctival abscess. Cultures grew methicillin-sensitive *Staphylococcus aureus*. Despite systemic and intravitreal antibiotics, visual outcome remained poor.

CONCLUSION:

Early recognition and aggressive treatment are essential to reduce ocular morbidity and prevent systemic complications.

KEYWORDS:

Endogenous ocular infection, Panophthalmitis, Panuveitis masquerade



EP-CR-074
Others: cataract

HIDDEN FRAGMENTS, PERSISTENT INFLAMMATION: DELAYED LENS-INDUCED ANTERIOR UVEITIS FOLLOWING UNEVENTFUL PHACOEMULSIFICATION

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BACKGROUND:

Retained lens fragments are an uncommon but important cause of persistent postoperative inflammation after cataract surgery and may masquerade as chronic anterior uveitis.

CASE REPORT:

A 64-year-old Malay man with diabetes mellitus, hypertension, and dyslipidaemia presented with persistent glare and ocular discomfort four months after right phacoemulsification for a dense leathery cataract. Visual acuity improved from hand movements preoperatively to 6/9 postoperatively. Following 1 month cessation of topical corticosteroids, examination revealed 2+ anterior chamber inflammation with pigmented cells. Careful slit-lamp assessment identified three retained nuclear fragments in the anterior chamber. Intraocular pressure, intraocular lens position, and fundus findings were unremarkable. Intensive topical corticosteroids improved inflammation, followed by anterior chamber washout with complete fragment removal.

CONCLUSION:

Persistent postoperative inflammation warrants meticulous anterior segment reassessment. Early recognition of occult retained nuclear material prevents delayed diagnosis, prolonged inflammation, and avoidable visual morbidity.

KEYWORDS:

Timely diagnosis and management of retained lens fragments are crucial for favorable visual outcomes.



EP-CR-075
 Others: Medical Retina

A PERFECT STORM IN THE POSTERIOR SEGMENT: CONCURRENT OCULAR TUBERCULOSIS AND CYTOMEGALOVIRUS RETINITIS

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BACKGROUND:

Advanced human immunodeficiency virus (HIV) infection predisposes patients to opportunistic infections (OI) such as cytomegalovirus (CMV) retinitis and ocular tuberculosis. Concurrent infection is rare and presents diagnostic and therapeutic challenges.

CASE REPORT:

A 32-year-old man with HIV, disseminated tuberculosis, cerebral toxoplasmosis and CMV colitis presented with one month of painless left eye blurring of vision. Visual acuity was 6/21 with no relative afferent pupillary defect. Examination revealed fine keratic precipitates, marked anterior chamber inflammation, patchy vitritis, retinal vasculitis, necrotizing retinitis, retinal hemorrhages and a tubercular choroidal granuloma on the posterior pole. A diagnosis of concurrent ocular tuberculosis and CMV retinitis was considered and intravenous ganciclovir was initiated.

CONCLUSION:

This case highlights the importance of maintaining a high index of suspicion for multiple opportunistic ocular infections in severely immunocompromised patients. Early diagnosis, targeted therapy and multidisciplinary management are essential for optimizing visual and systemic outcomes.

KEYWORDS:

Human Immunodeficiency Virus, Cytomegalovirus Retinitis, Ocular Tuberculosis, Opportunistic Infections



EP-CR-076
 Others: Medical Retina

FROM FEVER TO SCOTOMA: A CASE OF ACUTE IDIOPATHIC MACULOPATHY (AIM)

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BACKGROUND:

Acute Idiopathic Maculopathy is a rare, self-limiting condition that presents as unilateral central visual loss in young, healthy individuals, commonly following a flu-like illness.

CASE REPORT:

A 29-year-old healthy man presented with sudden-onset left eye central scotoma preceded by fever, myalgia and petechiae rashes.

Right eye (OD) vision was 6/9, left eye (OS) vision was 6/36. Fundus (OS) noted dot hemorrhages at macula with macular edema. Optical Coherence Tomography-Macula (OS) demonstrated subretinal and intraretinal fluid. Fundus Fluorescein Angiography (OS) showed progressive leakage at fovea without vasculitis or features of central serous chorioretinopathy. Indocyanine Green Angiography showed masking at fovea. Leptospira IgM was tested positive but negative Microscopic Agglutination Test with absence of systemic or ocular features of leptospiral uveitis made active infection unlikely.

AIM was diagnosed, with subsequent improvement in visual acuity and macular edema.

CONCLUSION:

AIM should be considered in young patients with sudden central visual loss following a viral-like illness after excluding other causes.

KEYWORDS:

Acute Idiopathic Maculopathy, central scotoma, Optical Coherence Tomography-Macula



EP-CR-077
Others: Ocular Trauma

LIFELONG FRAGILITY: TRAUMATIC GLOBE RUPTURE ALONG PREVIOUS RADIAL KERATOTOMY WOUND

BACKGROUND:

Radial keratotomy (RK) weakens corneal biomechanical integrity and may predispose patients to traumatic wound dehiscence years after surgery. Open globe injuries occurring along previous RK incisions are uncommon but potentially devastating.

CASE REPORT:

A 60-year-old woman with prior bilateral 4-incision RK done presented with light perception vision after falling from a low stool, striking her right face. Examination and imaging revealed a right globe rupture with possible extruded crystalline lens. Emergency exploration identified a full-thickness L-shaped corneal laceration tracking her old RK scars and extending into the sclera. Additional partial-thickness dehiscence occurred at remaining RK lines. Primary corneoscleral suturing successfully reformed the globe, though visual prognosis remains guarded.

CONCLUSION:

This catastrophic multi-incision rupture from a simple fall underscores the extreme, lifelong fragility of post-RK eyes. Clinicians must proactively counsel this aging demographic on fall precautions.

KEYWORDS:

Globe Rupture, Radial Keratotomy



APABILA PARUT LAMA TERBUKA SEMULA: DEHISENS TRAUMATIK INSISI KERATOTOMI RADIAL

LATAR BELAKANG:

Keratotomi radial (RK) melemahkan integriti biomekanik kornea dan boleh menyebabkan kecenderungan kepada dehisens luka traumatik walaupun bertahun-tahun selepas pembedahan. Kecederaan glob terbuka yang berlaku sepanjang insisi RK terdahulu adalah jarang berlaku tetapi berpotensi membawa akibat yang serius terhadap penglihatan.

LAPORAN KES:

Seorang wanita berusia 60 tahun dengan sejarah RK kedua-dua mata empat insisi hadir dengan penglihatan persepsi cahaya sahaja selepas terjatuh daripada bangku rendah dan menghentak bahagian kanan muka. Pemeriksaan klinikal dan pengimejan menunjukkan ruptur glob mata kanan dengan kemungkinan ekstrusi kanta kristalin. Eksplorasi kecemasan mendapati laserasi kornea berbentuk “L” setebal penuh yang mengikuti parut RK lama dan melanjutkan ke sklera. Dehisens separa ketebalan turut dikesan pada baki garisan RK yang lain. Jahitan primer korneosklera berjaya memulihkan integriti glob mata, namun prognosis visual masih terpelihara dengan berhati-hati.

KESIMPULAN:

Ruptur melibatkan pelbagai insisi akibat jatuh ringan ini menonjolkan kerapuhan melampau dan berpanjangan mata pasca-RK sepanjang hayat. Pakar kesihatan perlu secara proaktif memberi kaunseling kepada populasi pesakit yang semakin berusia ini mengenai langkah pencegahan jatuh dan risiko trauma okular.

KATA KUNCI:

Ruptur Glob Mata, Keratotomi Radial (RK)



EP-CR-078
Others: Ocular Trauma

SPARKS IN THE SKY, TRAGEDY IN THE EYE: A CASE SERIES

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BACKGROUND:

Fireworks are widely employed in celebrations, but can cause sight-threatening ocular injuries. This retrospective case series describes firecracker-related ocular injuries presenting to a district hospital during Aidilfitri, 20th–23rd March 2026.

CASE REPORT:

Six patients, aged 17–53 years, presented with zone 2, closed-globe injuries. Majority were male (83%, n=5) and bystanders (67%, n=4). Two actively-involved patients sustained bilateral ocular injuries and second-degree burns. None used protective eyewear. Cake repeaters were the commonest firecracker (67%, n=4). Three patients were admitted for traumatic hyphema; one for first-to-second degree burns with thermal ocular injury and multiple inert cornea and conjunctival foreign bodies; two were treated outpatient for traumatic uveitis and central corneal abrasion. Most recovered with conservative treatment, one patient developed blindness despite multiple surgeries.

CONCLUSION:

Firecracker injuries may cause significant ocular morbidity; public education and protective eyewear are essential.

KEYWORDS:

Closed-globe injury, Firecracker injury, Hari Raya Aidilfitri, Ocular trauma, Traumatic hyphema



PERCIKAN DI ANGKASA, TRAGEDI DI MATA: SIRI LAPORAN KES

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LATAR BELAKANG:

Mercun digunakan secara meluas semasa musim perayaan, namun penggunaannya boleh menyebabkan kecederaan mata yang mengancam penglihatan. Siri kes retrospektif ini memaparkan kes kecederaan mata akibat mercun yang hadir ke sebuah hospital daerah sempena musim perayaan Aidilfitri, 20th–23rd Mac 2026.

LAPORAN KES:

Enam pesakit, berumur 17–53 tahun, hadir dengan kecederaan bola mata tertutup zon 2. Majoriti pesakit ialah lelaki (83%, n=5) dan pemerhati (67%, n=4). Dua pesakit yang terlibat secara aktif dalam penggunaan mercun mengalami kecederaan kedua-dua mata dan lecur darjah kedua. Tiada pesakit yang menggunakan pelindung mata. *Cake repeaters* merupakan jenis mercun yang paling kerap terlibat (67%, n=4). Tiga pesakit dimasukkan ke wad kerana hifema traumatik; seorang kerana lecur darjah pertama hingga kedua, kecederaan haba pada mata, dan pelbagai benda asing pada kornea dan konjunktiva; dua pesakit dirawat sebagai pesakit luar untuk uveitis traumatik dan calar kornea sentral. Kebanyakan pesakit pulih dengan rawatan konservatif, hanya seorang pesakit mengalami kebutaan walaupun telah menjalani beberapa pembedahan.

KESIMPULAN:

Kecederaan akibat mercun boleh menyebabkan morbiditi mata yang ketara; pendidikan awam dan penggunaan pelindung mata adalah sangat penting.

KATA KUNCI:

Kecederaan bola mata tertutup; Kecederaan mercun; Hari Raya Aidilfitri; Trauma mata; Hifema traumatik



EP-CR-079

Others: Oncology and Neuro-ophthalmology

BEYOND THE RETINA: THE EYE AS A WINDOW TO HIDDEN DISEASE

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BACKGROUND:

Ocular manifestations may provide the first indication of underlying systemic, hematologic, or intracranial disease, prompting investigations that uncover occult pathology.

CASE REPORT:

We present a retrospective case series of three patients in whom ophthalmic findings led to the diagnosis of significant underlying disease. Case 1 was a cachectic male with diabetic retinopathy and persistent retinal ischemia despite panretinal photocoagulation; further evaluation revealed marked leukocytosis, leading to a diagnosis of chronic myeloid leukemia. Case 2, with macular degeneration, experienced worsening vision despite improving optical coherence tomography findings; visual field assessment demonstrated bitemporal defects, and neuroimaging revealed pituitary macroadenoma. Case 3 presented with central retinal vein occlusion as the initial clinical finding; subsequent investigations uncovered underlying Hodgkin lymphoma

CONCLUSION:

Ocular manifestations may precede the diagnosis of systemic disease. Persistent, atypical, or unexplained ophthalmic findings should prompt a multidisciplinary diagnostic approach to identify underlying pathology.

KEYWORDS:

Ocular manifestations, Occult disease, Multidisciplinary approach



EP-CR-080
 Others: Phakic Lenses

COMBINED USE OF VIVA AND CONVENTIONAL IMPLANTABLE COLLAMER LENS TO ADDRESS MYOPIA AND PRESBYOPIC VISUAL NEEDS: A CASE REPORT

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BACKGROUND:

Implantable Collamer Lens (ICL) implantation is an established option for patients unsuitable for corneal refractive procedures. Newer designs such as Viva ICL, aim to correct myopia while improving near vision in early presbyopia. A 44-year-old male with low myopia and prior refractive surgery presented with reduced distance and near vision. Preoperative evaluation confirmed suitability for ICL implantation. He underwent Viva ICL implantation in one eye for enhanced distance, intermediate and near vision and conventional ICL in the fellow eye for distance correction. Postoperatively, uncorrected visual acuity improved in both eyes. The Viva ICL eye demonstrated improved performance across all distances, while the conventional ICL eye achieved excellent distance vision. No significant complications were observed. This case highlights the potential of combining ICL technologies to address myopia and early presbyopia effectively.

CASE REPORT:

Implantable contact lenses (ICLs) are intraocular lenses implanted between the iris and natural crystalline lens to correct refractive errors and improve visual acuity. The lenses are composed of a biocompatible collagen copolymer material known as Collamer, which provides excellent optimal clarity and compatibility with ocular tissues. ICL implantation is particularly beneficial for patients with low to high myopia or near sightedness, especially those with thin corneas or coexisting dry eye syndrome, who may not be suitable candidates for corneal refractive procedures such as LASIK. The Viva implantable Collamer Lens or Viva ICL represents a newer advancement in ICL technology, designed not only to correct myopia but also to address presbyopia, an age-related condition characterised by reduced near vision. This extended depth-of-focus lens allows improved vision at multiple distances and may reduce dependence on reading glasses and enhance overall visual performance.

A 44-year-old male presented with low myopia and increasing difficulty with near visual tasks who also had a previous history of laser refractive surgery at another centre 20 years ago. The patient sought a refractive solution that could improve both distance and near vision while reducing dependence on spectacles. Comprehensive preoperative assessment was performed, including measurement of uncorrected and corrected visual acuity, manifest refraction, corneal topography, anterior chamber depth evaluation and fundus examination. The patient had stable refraction, adequate anterior chamber depth and no contraindication for ICL implantation.

Considering the patient's visual demand and early presbyopic symptom, a mixed implantation strategy was planned. A Viva ICL was implanted in one eye to improve near, intermediate and distance vision through extended depth of focus, while a conventional ICL was implanted in the fellow eye primarily for distance correction. The procedures were performed sequentially under sterile conditions without intraoperative complications.

Postoperative follow-up demonstrated significant improvement in uncorrected visual acuity in both eyes. The eyes implanted with the Viva ICL provided enhanced near visual performance with improved distance vision, whereas the eye with the conventional ICL achieved excellent distance vision. The patient reported improved visual quality and high satisfaction with minimal postoperative discomfort. Postoperative intraocular pressure remained within normal limits and no complications such as cataract formation, significant vault abnormalities or lens rotation were observed during follow-up.

CONCLUSION:

The case demonstrates that a combined approach using different ICL designs may provide a practical strategy for addressing both myopia and presbyopia in appropriately selected patients. Careful patient selection, individualized surgical planning and regular postoperative monitoring are essential to achieve optimal visual outcomes and ensure long-term safety.

KEYWORDS:

ICL, Myopia, Near vision, Presbyopia, Viva ICL



GABUNGAN KANTA KOLAMER IMPLAN VIVA DAN KONVENSIONAL BAGI PEMBETULAN MIOPIA DAN PRESBIOPIA: LAPORAN KES

Kanta Kolamer Implan (ICL) merupakan pilihan rawatan bagi pesakit yang tidak sesuai menjalankan prosedur refraktif kornea. Reka bentuk baharu seperti Viva ICL bertujuan membetulkan miopia serta penglihatan dekat dalam presbiopia awal.

Seorang lelaki berusia 44 tahun dengan miopia rendah dan sejarah pembedahan refraktif hadir dengan penglihatan jauh dan dekat yang merosot. Penilaian praoperatif mengesahkan kesesuaian implantasi ICL. Beliau menjalani implantasi Viva ICL pada sebelah mata bagi meningkatkan penglihatan jauh, pertengahan dan dekat, serta ICL konvensional pada mata yang lain untuk pembetulan penglihatan jauh.

Selepas pembedahan, tahap penglihatan tanpa pembetulan kedua-dua mata meningkat. Mata dengan Viva ICL menunjukkan peningkatan pada semua jarak, manakala mata dengan ICL konvensional mencapai penglihatan jauh yang tajam tanpa komplikasi ketara.

Kajian ini menunjukkan bahawa gabungan teknologi ICL mempunyai potensi merawat miopia dan presbiopia awal dengan berkesan.

Kata kunci: Kanta Kolamer Implan, Miopia, Penglihatan dekat, Presbiopia, Viva ICL



EP-CR-081

Others: Public Health Ophthalmology

OCCUPATIONAL PHOTOKERATITIS FOLLOWING OFF-LABEL USE OF A SUBMERSIBLE UV-C STERILISER LAMP FOR EPOXY RESIN CURING

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BACKGROUND:

Photokeratitis typically results from welding arcs or solar exposure. However, submersible UV-C sterilizer lamps represent a rare and under-recognized injury source, posing significant occupational hazard when misused outside aquatic environments.

CASE REPORT:

A 42-year-old trophy craftsman presented with severe bilateral ocular pain, photophobia, and blurred vision after two hours of unprotected exposure to submersible UV-C steriliser lamp repurposed for epoxy curing. Examination revealed bilateral vision of 6/45, conjunctival injection, diffuse corneal haze, and extensive punctate epithelial keratopathy. Following treatment with topical lubricants, antibiotic ointment, and oral analgesics, symptoms resolved completely with 6/6 vision restored within one week.

CONCLUSION:

This case highlights a novel occupational source of UV-C photokeratitis from off-label device use, necessitating the need for greater consumer awareness, safety labeling, and regulatory oversight to prevent avoidable ocular injuries.



EP-CR-082
 Others: Trauma

BEYOND THE IMPACT: NAVIGATING COMPLEX MULTIPLE POSTERIOR SEGMENT TRAUMA

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BACKGROUND:

Blunt ocular trauma can cause extensive choroidal rupture, posing significant risks for long-term visual complications.

CASE REPORT:

A 40-year-old male presented with 6/38 vision following blunt injury from a tree branch. Clinical findings included traumatic mydriasis, significant anterior chamber inflammation (4+ pigmented cells), and a corneal abrasion. While initial funduscopy showed dense commotio retinae (Berlin's edema) and subretinal hemorrhages, multiple crescent-shaped yellowish retinal streaks suggestive choroidal ruptures were only identified on day two after the commotio retinae starts improving. OCT confirmed full-thickness loss of Bruch's membrane and retinal pigment epithelium continuity with foveal sparing. Following topical steroid and antibiotic treatment, vision improved to 6/12 within one month.

CONCLUSION:

Choroidal ruptures are easily overlooked, particularly when hidden by commotio retinae. Recognition is critical due to a 20% risk of choroidal neovascularization, necessitating long-term monitoring.

KEYWORDS:

Choroidal rupture, Commotio, Mydriasis, Traumatic Uveitis.



EP-CR-083
Others: VITREORETINA

RAPID VISION LOSS FROM METALLIC INTRAOCULAR FOREIGN BODY DESPITE EARLY SURGICAL REMOVAL: A CASE OF ACUTE OCULAR TOXICITY

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BACKGROUND:

To report a case of rapidly progressive ocular toxicity and severe visual loss following a metallic intraocular foreign body (IOFB) injury despite prompt surgical intervention.

CASE REPORT:

A 33-year-old man sustained a high-velocity metallic IOFB injury to the left eye. Initial visual acuity was 6/9, with a self-sealed corneal laceration and 3+ anterior chamber reaction. Computed tomography confirmed the presence of a metallic intraocular foreign body. Vision deteriorated rapidly within hours prior to surgery. Urgent same-day intervention included corneal wound repair, lensectomy, pars plana vitrectomy, IOFB removal, endolaser photocoagulation, silicone oil tamponade, and intravitreal antibiotics. Postoperatively, vision declined to vague perception of light. Examination revealed dense corneal endothelial pigmentation, suggestive of metallic particulate dispersion causing acute ocular toxicity.

CONCLUSIONS:

Metallic IOFBs may cause severe acute ocular toxicity within hours, likely secondary to rapid iron-mediated oxidative injury. Visual prognosis may remain poor despite early surgical removal, particularly in cases with intraocular metallic particulate dispersion.

KEYWORDS:

Metallic intraocular foreign body; penetrating ocular trauma; ocular siderosis; oxidative injury; visual outcome



EP-CR-084
 Pediatric Ophthalmology and Strabismus

A NEGLECTED EYE: GIANT ANTERIOR STAPHYLOMA IN A CHILD

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BACKGROUND:

Anterior staphyloma is a rare severe ectatic disorder characterized by protrusion of uveal tissue through a weakened cornea or sclera caused by infection, inflammation, trauma, congenital anomalies, and uncontrolled glaucoma. Delayed presentation may lead to irreversible visual loss and mimics ocular tumours in children.

CASE REPORT:

A 7-year-old non-Malaysian boy presented with a progressively enlarging left ocular mass for five years, initially associated with pain, redness, and blurred vision. Visual acuity was no perception of light. Examination revealed a 2 × 2 cm smooth erythematous protruding mass arising from the left globe. CECT orbit demonstrated macrophthalmia, anterior globe protrusion, scleral thinning, and a calcified lens, consistent with advanced globe ectasia. Left eye enucleation was performed due to advanced disease and poor visual potential. Histopathological examination confirmed anterior staphyloma.

CONCLUSION:

Early ophthalmic assessment of chronic ocular symptoms in children is essential to prevent irreversible visual loss and advanced ocular morbidity.

KEYWORDS:

Anterior Staphyloma; Pediatric Ocular Mass; Macrophthalmia



EP-CR-085
 Pediatric Ophthalmology and Strabismus

A NEONATAL PRESENTATION OF PETERS ANOMALY WITH CONGENITAL GLAUCOMA

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BACKGROUND:

Congenital corneal opacity is a rare vision-threatening condition associated with anterior segment dysgenesis and congenital glaucoma. Early recognition improves visual outcomes.

CASE REPORT:

A seven-day-old term neonate presented with bilateral corneal opacity since day two of life. Antenatal history included maternal autoimmune hepatitis and a sibling with Wilms tumour, Aniridia, Genitourinary anomalies and Range of developmental delays (WAGR) syndrome. Examination showed bilateral hazy cornea, suspected aniridia, without signs of infection or buphthalmos. Toxoplasmosis, Rubella, Cytomegalovirus, Herpes Simplex Virus, Syphilis (TORCHES) screening was negative. Examination under anaesthesia revealed bilateral corneal opacity, aniridia, poorly visualised angles and elevated intraocular pressure. Right eye optic disc appeared pink, cup-disc ratio 0.3 with underdeveloped fovea, while left fundus was poorly visualised. Findings were consistent with bilateral anterior segment dysgenesis with Peters anomaly-associated congenital glaucoma. Intraocular pressure was controlled with topical antiglaucoma and bilateral trabeculotomy. Genetic evaluation was planned.

CONCLUSION:

Congenital corneal opacity in neonates may indicate anterior segment dysgenesis and congenital glaucoma, requiring timely intervention to prevent irreversible visual impairment.

KEYWORDS:

Anterior segment dysgenesis, Congenital glaucoma, Peters anomaly



EP-CR-086
 Pediatric Ophthalmology and Strabismus

BEYOND A BIRTHMARK: UPPER EYELID HEMANGIOMA ARISING IN THE SETTING OF FACIAL PORT-WINE STAIN

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BACKGROUND:

Hemangiomas are common benign vascular tumors of childhood, while port-wine stains are congenital capillary malformations. The coexistence of two vascular lesions in the same anatomical region is uncommon and may present a diagnostic challenge.

CASE REPORT:

A 6-year-old boy with no known medical illness, unremarkable birth history presented with a painless localized swelling over the left upper eyelid that had gradually enlarged over several months. He had a congenital port-wine stain involving the left frontal region to left periorbital area. The swelling was first noticed following repeated scratching of the eyelid secondary to an insect bite. Clinical examination revealed an elevated well-circumscribed lobular upper eyelid mass within the port-wine stain area. Given the atypical presentation and uncertain diagnosis, excision biopsy was performed. Histopathological examination demonstrated features consistent with a hemangioma.

CONCLUSION:

New periocular masses arising within congenital vascular malformations warrant careful evaluation. Histopathological confirmation remains essential for accurate diagnosis and appropriate management.

KEYWORDS:

Hemangioma, Port-wine stain, Eyelid mass, Vascular anomaly, Pediatric ophthalmology



EP-CR-087
 Pediatric Ophthalmology and Strabismus

RARE CASE OF DIFFUSE UNILATERAL SUBACUTE NEURORETINITIS IN A CHILD

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BACKGROUND:

Diffuse unilateral subacute neuroretinitis (DUSN) is a rare, vision-threatening parasitic retinal disorder that predominantly affects children, leading to irreversible blindness if misdiagnosed.

CASE REPORT:

We report presumed late-stage right-eye DUSN in a seven-year-old boy presenting with long-standing exotropia, redness, and itchiness. Visual acuity was counting fingers. Examination revealed a relative afferent pupillary defect, optic disc pallor, attenuated vessels, choroidal lesions, and marked eosinophilia. Rural residence indicated high parasitic exposure risk. Despite no worm visualization, fundus and tomography findings confirmed foveal atrophy, supporting the diagnosis. Following a one-month oral albendazole regimen, inflammatory lesions resolved. Visual acuity improved modestly to 1/60, although macular fibrosis persisted, indicating permanent structural damage.

CONCLUSION:

This case highlights DUSN's diagnostic challenges without worm sightings. It emphasizes the critical need for early anti-helminthic therapy to stabilize disease and salvage vision in vulnerable rural paediatrics populations.

KEYWORDS:

Diffuse unilateral subacute neuroretinitis, Eosinophilia, Nematode infestation, Paediatric ophthalmology, Toxic neuropathy.



KES JARANG NEUORETINITIS SUBAKUT UNILATERAL DIFUS PADA SEORANG KANAK-KANAK

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LATAR BELAKANG:

Neuroretinitis subakut unilateral difus (DUSN) ialah gangguan retina parasit yang jarang berlaku dan mengancam penglihatan, lazimnya menjejaskan kanak-kanak serta boleh menyebabkan kebutaan kekal jika tersalah diagnosis.

LAPORAN KES:

Kami melaporkan DUSN peringkat lewat yang disyaki pada mata kanan seorang kanak-kanak lelaki berumur tujuh tahun dengan masalah eksotropia berpanjangan, mata merah dan kegatalan. Ketajaman penglihatan adalah pada tahap mengira jari. Pemeriksaan mendedahkan kecacatan pupilari aferen relatif, keputihan cakera optik, penipisan salur darah, lesi koroid, dan eosinofilia yang ketara. Status menetap di luar bandar menunjukkan risiko tinggi pendedahan parasit. Walaupun tanpa visualisasi cacing, penemuan fundus dan tomografi mengesahkan atrofi fovea yang menyokong diagnosis. Selepas rawatan ubat makan albendazole selama sebulan, lesi keradangan berkurang. Ketajaman penglihatan meningkat secara sederhana kepada 1/60, walaupun fibrosis makula kekal, menunjukkan kerosakan struktur kekal.

KESIMPULAN:

Kes ini menonjolkan cabaran diagnostik DUSN tanpa visualisasi cacing. Ia menekankan keperluan kritikal untuk terapi anti-helminik awal bagi menstabilkan penyakit dan menyelamatkan penglihatan dalam populasi pediatrik luar bandar yang rentan.

KATA KUNCI:

Eosinofilia, Infestasi nematod, Neuropati toksik, Neuroretinitis subakut unilateral difus, Oftalmologi pediatrik.



EP-CR-088
 Pediatric Ophthalmology and Strabismus

WHEN FOOD SELECTIVITY BECOMES SIGHT-THREATENING: BILATERAL XEROPHTHALMIA IN AUTISM

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BACKGROUND:

Xerophthalmia secondary to vitamin A deficiency (VAD) is a preventable cause of childhood blindness but is rarely reported in children with autism spectrum disorder (ASD) and severe dietary restriction.

CASE REPORT / CASE SERIES:

A 5-year-old girl with severe autism and speech delay presented with bilateral eye redness and pain for two weeks. Examination revealed bilateral injected conjunctiva with corneal haziness and left infective keratitis complicated by corneal thinning and vascularization. She developed corneal perforation with iris prolapse requiring corneal toilet and suturing, followed by referral for a Gundersen flap.

An 8-year-old boy with severe autism, mutism, eczema, allergic rhinitis and restrictive dietary intake presented with bilateral eye redness, itchiness and night blindness. Examination showed eyelid hyperkeratosis, bilateral injected conjunctiva, corneal haziness and left infective keratitis with epithelial defects and hypopyon.

Both patients received vitamin A supplementation and intensive ophthalmic treatment, resulting in resolution of active infection and stabilization with residual corneal scarring.

CONCLUSION:

Early recognition, prompt vitamin A replacement and multidisciplinary management are crucial to prevent sight-threatening complications and irreversible visual impairment.

KEYWORDS:

Xerophthalmia; Vitamin A deficiency; Autism spectrum disorder; Infective keratitis, Selective eating behaviour



EP-CR-089
 Retina

A CLASSIC TRIAD OF CONGENITAL TOXOPLASMOSIS

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BACKGROUND:

Reporting a rare case of congenital toxoplasmosis with classic triad of chorioretinitis, hydrocephalus and cerebral calcification in an infant.

CASE REPORT:

This is 1-month-old baby girl presented with seizure and admitted to PICU for further management. Full systemic work-up revealed an obstructive hydrocephalus, multiple cerebral calcifications based on CT brain.

She was subsequently referred to ophthalmology team for an ocular assessment, which showed findings of bilateral active new retinochoroiditis lesion involving macula, vitritis and peripheral vasculitis with few old large hyperpigmented chorioretinal scars.

A combination of anti-toxoplasmic treatment was commenced, comprised of Pyrimethamine, Sulfadoxine and Folinic Acid, planned for a total of 1 year with addition of Prednisolone. She was also given Azithromycin for 10 days.

After 2 months, noted her bilateral retinochoroiditis had completely resolved

CONCLUSION:

This case highlights severe manifestations of congenital toxoplasmosis possibly due to untreated infection in early trimester.

KEYWORDS:

Congenital, toxoplasmosis, hydrocephalus



EP-CR-090
 Retina

A SILENT INVADER: BILATERAL ENDOGENOUS FUNGAL ENDOPHTHALMITIS

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BACKGROUND:

Endogenous fungal endophthalmitis (EFE) is a sight-threatening ocular infection that may be difficult to diagnose when patients are systemically stable and blood cultures are negative. Chronic systemic illness and indwelling catheters should raise clinical suspicion.

CASE REPORT:

A 39-year-old woman with kidney disease requiring haemodialysis presented with bilateral ocular inflammation and reduced vision. Ocular examination showed bilateral vitritis with creamy chorioretinal and vitreous lesions. Urine culture grew *Candida Albicans*, while blood cultures were negative. Vitreous samples were sent for bacterial and fungal cultures and Polymerase Chain Reaction (PCR). While awaiting results, she was commenced on systemic and intravitreal antifungal, followed by sequential bilateral vitrectomy, vitreous sampling and clearance. The right eye (RE) later developed retinal detachment requiring repeat vitrectomy. Eventually both eyes improved clinically, with residual RE retinal scarring. PCR later confirmed *Candida Albicans* infection.

CONCLUSION:

EFE can occur without fungaemia, and early recognition and treatment are crucial to improve visual prognosis.

KEYWORDS:

Candida albicans, endogenous endophthalmitis, fungal endophthalmitis, haemodialysis



EP-CR-091
Retina

A SILENT PARASITE BEHIND VISION LOSS: OCULAR TOXOPLASMOSIS IN A YOUNG ADULT

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BACKGROUND:

Ocular toxoplasmosis is a common cause of posterior uveitis, typically presenting with retinochoroiditis and vitritis due to *Toxoplasma gondii*.

CASE REPORT:

A 36-year-old female presented with 6 days of reduced vision in the right eye. She owned a cat at home. Visual acuity was 6/24 in the right eye. Relative afferent pupillary defect grade 1 was present. Slit-lamp examination showed 1+ anterior chamber cells. Fundus examination revealed blurred disc margins, optic disc fibrosis, inferotemporal retinitis near the fovea, vascular sheathing and marked vitritis. Investigations showed toxoplasma IgM negative, IgG positive, and ESR 30 mm/hr. A diagnosis of ocular toxoplasmosis was made. She was treated with oral co-trimoxazole for 6 weeks and topical dexamethasone. Follow-up showed improved vision with resolving inflammation and residual retinal scarring.

CONCLUSION:

Early recognition and treatment of ocular toxoplasmosis can improve visual outcomes and reduce inflammatory damage.

KEYWORDS:

Co-trimoxazole, ocular toxoplasmosis, retinochoroiditis, vitritis.



EP-CR-092
 Retina

A SILENT THREAT TO VISION: EXTENSIVE RETINAL NON-PERFUSION IN UNDIAGNOSED INCONTINENTIA PIGMENTI

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BACKGROUND:

To highlight delayed diagnosis of Incontinentia Pigmenti with severe ocular involvement and emphasize early retinal screening.

CASE REPORT:

A 7-year-old girl presented with left eye blurred vision detected during eye screening in school. Her visual acuity was no light perception in the left and 6/12 in the right. Left eye examination revealed relative afferent pupillary defect with white cataract and closed funnel retinal detachment. Right eye examination showed extensive avascular retina, vitreous haemorrhage, localised traction, temporal vessel straightening with foveal dragging. Further history revealed evolving skin changes during childhood with multiple episodes of seizures. Patient was investigated however there was no conclusive diagnosis made. Systemic examination identified hyperpigmented skin lesions, pitted teeth and brittle nails which were consistent with incontinentia pigmenti.

CONCLUSION:

Delayed recognition may lead to advanced ischemic retinopathy and irreversible vision loss. Early multidisciplinary recognition and retinal screening are essential for timely intervention and improved visual outcomes.

KEYWORD:

Incontinentiapiementi, Pediatricischemicretinopathy, Retinaldetachment, Seizures



EP-CR-093
 Retina

A TOXIC SPARKLE

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BACKGROUND:

Tamoxifen maculopathy is a known complication associated with the use of tamoxifen for the treatment of breast cancer.

CASE REPORT:

A 73-year-old lady, previously diagnosed with right eye dry age-related macular degeneration with left eye geographical atrophy, complained of RE progressive blurring of vision. She is a known case of breast carcinoma, on Tamoxifen 20mg OD for the past one year. Examination revealed BCVA 6/15 OD, fundus showed C-shaped-dense crystalline deposits of hard exudates supero-temporal to the macula. Optical coherence tomography revealed outer retinal disorganization with hyper-reflective foci in macula. Fundus fluorescence angiography showed multiple telangiectatic vessels at macula and periphery.

CONCLUSION:

Diagnosis of tamoxifen retinopathy could be challenging in patients with underlying AMD. Careful evaluation is important for early detection and prevention of further visual deterioration.

KEYWORDS:

Breast cancer, Crystalline maculopathy, Tamoxifen-induced retinopathy



EP-CR-094
 Retina

A WINDOW OF OPPORTUNITY: EARLY VOGT–KOYANAGI–HARADA DISEASE DIAGNOSIS AND RAPID FUNCTIONAL RECOVERY

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BACKGROUND:

Vogt–Koyanagi–Harada disease (VKH) is a multisystem autoimmune disorder that may present with ocular and auditory symptoms before integumentary signs. Early recognition and treatment initiation are essential to prevent irreversible visual impairment.

CASE REPORT:

A 39-year-old lady with hypertension presented with one-week history of bilateral visual blurring, frontal headache, and reduced hearing. Best-corrected visual acuity OU was 6/24. Ocular examination showed bilateral 3+ anterior chamber cells activities, Koeppe nodules, keratic precipitate, hyperaemic disc swelling, Dalen-Fuchs nodules, and exudative retinal detachments. No cutaneous or neurological signs present. She was diagnosed with probable VKH and treated with intravenous methylprednisolone, topical steroid and homatropine. Visual acuity improved to OU 6/12 with resolution of auditory symptoms. Azathioprine was initiated for long-term control.

CONCLUSION:

Early VKH recognition despite absent integumentary signs enabled timely intervention for good recovery.

KEYWORDS:

Exudative retinal detachment, panuveitis, VKH disease



JENDELA PELUANG: DIAGNOSIS AWAL PENYAKIT VOGT–KOYANAGI– HARADA DAN PEMULIHAN FUNGSI YANG CEPAT

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LATAR BELAKANG:

Penyakit Vogt–Koyanagi–Harada (VKH) merupakan penyakit autoimun multisistem yang boleh hadir dengan manifestasi okular dan auditori sebelum kemunculan tanda integumen. Diagnosis dan rawatan awal penting untuk mencegah kehilangan penglihatan kekal.

LAPORAN KES:

Seorang wanita berusia 39 tahun dengan sejarah hipertensi hadir dengan penglihatan kabur bilateral, sakit kepala frontal, dan penurunan pendengaran selama seminggu. Ketajaman penglihatan terkoreksi terbaik ialah 6/24 pada kedua-dua mata. Pemeriksaan oftalmologi menunjukkan sel ruang anterior gred 3+, nodul Koeppe, presipitat keratik, pembengkakan cakera optik hiperemik, nodul Dalen–Fuchs, dan detasmen retina eksudatif bilateral. Tiada manifestasi kutaneus atau neurologi dikesan. Diagnosis VKH berkemungkinan dibuat dan rawatan dimulakan dengan metilprednisolon intravena, kortikosteroid topikal, dan homatropin. Ketajaman penglihatan bertambah baik kepada 6/12 dengan resolusi gejala auditori. Azathioprine dimulakan sebagai terapi jangka panjang.

KESIMPULAN:

Pengenalpastian awal VKH walaupun tanpa manifestasi integumen membolehkan rawatan segera dan pemulihan visual serta fungsi yang baik.

KATA KUNCI:

Detasmen retina eksudatif; panuveitis; penyakit Vogt–Koyanagi–Harada.



EP-CR-095
 Retina

A WINDOW TO SYSTEMIC HEMODYNAMICS: IMPENDING CENTRAL RETINAL VEIN OCCLUSION IN PULMONARY HYPERTENSION

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BACKGROUND:

Pulmonary hypertension may predispose to retinal venous outflow impairment via chronically elevated venous pressure and circulatory stasis.

CASE REPORT:

We report a case of a 50-year-old woman with moderate pulmonary hypertension who presented with two days of right eye floaters. Visual acuity was 6/6 bilaterally with normal anterior segments and intraocular pressure. Fundus examination revealed bilateral venous dilatation and tortuosity with cotton wool spots, and a localized vitreous haemorrhage in the right eye. Optical coherence tomography showed no macular oedema. Findings were consistent with retinal venous congestion and impending central retinal vein occlusion (CRVO). She was managed conservatively under multidisciplinary care with close observation.

CONCLUSION:

This case highlights pulmonary hypertension as a potential systemic contributor to retinal venous stasis and emphasizes early recognition of pre-occlusive changes to prevent progression to established CRVO and preserve visual function.

KEYWORDS:

Central retinal vein occlusion; Pulmonary hypertension; Vitreous hemorrhage



EP-CR-096
Retina

AN ARTERY OR A VEIN OCCLUSION? WHY NOT BOTH? A CASE OF RIGHT BRAO WITH LEFT ISCHEMIC CRVO AND OCULAR ISCHEMIC SYNDROME SECONDARY TO SEVERE CAROTID ARTERY STENOSIS

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BACKGROUND:

Concurrent retinal arterial and venous occlusions in opposite eyes are rare and may indicate significant systemic vascular disease. The coexistence of left ocular ischemic syndrome further suggests significant carotid artery compromise and warrants vascular evaluation.

CASE REPORT:

A 78-year-old woman with hypertension and treated breast cancer presented with acute blurring of the right superior visual field. She had recent left ischemic central retinal vein occlusion treated with intravitreal aflibercept. Examination showed right inferior branch retinal artery occlusion. The left eye demonstrated ischemic central retinal vein occlusion with features of ocular ischemic syndrome. Computed tomography angiography showed severe right common carotid artery stenosis with extensive atherosclerosis. She underwent carotid stenting and was managed with dual antiplatelet therapy.

CONCLUSION:

This case highlights the need for urgent systemic vascular evaluation, in atypical bilateral retinal vascular occlusions.

KEYWORDS:

Branch retinal artery occlusion; Carotid artery stenosis; Central retinal vein occlusion



EP-CR-097
 Retina

AN ELUSIVE CAUSE OF BILATERAL VISUAL LOSS: NEURORETINITIS WITH OCCLUSIVE RETINAL VASCULITIS

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BACKGROUND:

Neuroretinitis with occlusive retinal vasculitis is an uncommon inflammatory condition that may present with systemic and neurological manifestations, posing a diagnostic challenge.

CASE REPORT:

A 25-year-old woman with underlying migraine presented with fever, altered behaviour, auditory hallucinations, headache, vomiting, progressive bilateral visual blurring, and significant weight loss. Visual acuity was counting fingers in the right eye and 6/45 in the left eye. Ocular examination revealed bilateral vitritis with snowballs, diffuse perivascular sheathing, hyperaemic swollen optic discs, macular star formation, and inferior chorioretinal scars. Optical coherence tomography demonstrated subretinal fluid, while fundus fluorescein angiography showed peripheral retinal vasculitis with extensive capillary non-perfusion, confirming bilateral neuroretinitis with occlusive retinal vasculitis. Neurological investigations, including brain imaging and cerebrospinal fluid analysis, were unremarkable. Treatment with systemic corticosteroids and peripheral laser photocoagulation resulted in marked clinical and visual improvement.

CONCLUSION:

Early recognition and prompt treatment are essential to prevent irreversible visual loss and achieve favorable outcomes.

KEYWORDS:

Neuroretinitis; Occlusive Retinal Vasculitis; Vitritis



EP-CR-098
Retina

BEYOND THE BLEED: HEMORRHAGIC IRIS CYST IN ANTICOAGULATED PATIENT

BACKGROUND:

Spontaneous hyphema is a rare presentation requiring careful evaluation for underlying ocular pathology beyond anticoagulation-related bleeding.

CASE REPORT:

A 70-year-old woman with antiphospholipid syndrome on warfarin presented with sudden left eye visual loss and spontaneous hyphema associated with secondary high intraocular pressure of 42mmHg. Her International Normalized Ratio was within therapeutic range. Ultrasound biomicroscopy (UBM) revealed a multiloculated hemorrhagic iris cyst temporally, likely to be the cause of the hyphema. The patient was successfully managed with topical steroids and antiglaucoma medications. Intravitreal bevacizumab was also added to the treatment and her post injection review with UBM, revealed an empty stromal cyst.

CONCLUSION:

This case demonstrates systemic anticoagulation should not be assumed as the sole etiology of spontaneous hyphema. UBM was valuable in identifying the underlying structural cause and diagnosis.

KEYWORDS:

Iris cyst, Spontaneous hyphema, Ultrasound biomicroscopy



DI SEBALIK HIPHEMA: KISTA IRIS HEMORAGIK DALAM PESAKIT ANTIKOAGULAN

LATAR BELAKANG:

Hiphema spontan merupakan suatu manifestasi klinikal yang jarang berlaku dan memerlukan penilaian teliti bagi mengenal pasti patologi okular yang mendasari, selain daripada pendarahan yang berkaitan dengan terapi antikoagulan.

LAPORAN KES:

Seorang wanita berusia 70 tahun dengan sindrom antifosfolipid yang sedang menerima rawatan warfarin hadir dengan kehilangan penglihatan secara tiba-tiba pada mata kiri serta hiphema spontan yang disertai peningkatan tekanan intraokular sekunder sehingga 42 mmHg. Nilai International Normalized Ratio (INR) pesakit berada dalam julat terapeutik. Pemeriksaan biomikroskopi ultrabunyi (ultrasound biomicroscopy, UBM) menunjukkan kewujudan kista iris hemoragik multilokular di bahagian temporal, yang dipercayai menjadi punca kepada hiphema tersebut. Pesakit berjaya dirawat dengan steroid topikal dan ubat antiglaukoma. Suntikan bevacizumab intravitreal turut diberikan sebagai tambahan kepada rawatan. Pemeriksaan susulan selepas suntikan bersama UBM menunjukkan kista stroma yang telah kosong.

KESIMPULAN:

Kes ini menunjukkan bahawa terapi antikoagulasi sistemik tidak seharusnya dianggap sebagai satu-satunya etiologi bagi hiphema spontan. UBM memainkan peranan penting dalam mengenal pasti punca struktur yang mendasari serta membantu dalam penetapan diagnosis.

KATA KUNCI:

Kista iris, hiphema spontan, biomikroskopi ultrabunyi



EP-CR-099
 Retina

BEYOND THE BURN: AN INCIDENTAL DIAGNOSIS OF BILATERAL OCULAR TOXOPLASMOSIS

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BACKGROUND:

Children with longstanding blurred vision often adapt well and may not voluntarily complain of visual impairment, resulting in delayed detection of potentially sight-threatening ocular diseases. Ocular toxoplasmosis involving the macula may remain clinically silent until incidentally discovered.

CASE REPORT:

A 9-year-old boy was referred for ophthalmic assessment following facial burn injury from firecracker exposure. During evaluation, his mother reported longstanding poor vision previously presumed to be due to refractive error. Visual acuity was 6/36 bilaterally. Anterior segment examination was unremarkable except mild punctate epithelial erosions over the left cornea. Fundus examination revealed bilateral well-demarcated macular chorioretinal scars measuring approximately 1.5 disc diameters without active retinitis or vitritis. There was history of exposure to neighbouring cats. Ocular coherence tomography and fundus photography supported the diagnosis of old healed ocular toxoplasmosis scars.

CONCLUSION:

This case highlights the diagnostic challenge of detecting childhood visual impairment, as children may compensate and remain asymptomatic despite significant macular pathology. Thorough ocular examination is essential in children with unexplained reduced vision to avoid missed opportunities for early diagnosis and visual rehabilitation.

KEYWORDS:

Ocular toxoplasmosis, macular scar, chorioretinal scar, paediatric ophthalmology, incidental finding



EP-CR-100
 Retina

BEYOND THE CLASSIC APPEARANCE: FIVE CASES DEMONSTRATING THE HETEROGENEOUS MANIFESTATIONS OF CYTOMEGALOVIRUS RETINITIS

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BACKGROUND:

Cytomegalovirus (CMV) retinitis is the most common ocular manifestation of CMV infection in immunocompromised individuals.

CASE SERIES:

We present five patients aged 23–74 years with CMV retinitis associated with haematological malignancies or systemic immunosuppression. Clinical manifestations ranged from granular retinitis, vitritis, and severe occlusive vasculitis to vitreous haemorrhage and retinal detachment. Diagnosis was established through clinical findings, multimodal retinal imaging, and positive intraocular CMV polymerase chain reaction assays in most cases. Management included intravenous and intravitreal ganciclovir, oral valganciclovir, laser photocoagulation, and vitreoretinal surgery when indicated. Despite aggressive treatment, several patients developed disease recurrence requiring prolonged antiviral therapy and repeated intravitreal injections.

CONCLUSION:

This case series highlights the heterogeneous clinical presentation and chronic relapsing course of CMV retinitis. Early recognition, prompt initiation of antiviral therapy, and close long-term follow-up are essential to preserve vision and optimize visual outcomes.

KEYWORDS:

Cytomegalovirus, Immunocompromised, Retinitis



EP-CR-101
Retina

BILATERAL CENTRAL RETINAL VEIN OCCLUSION IN A HIGH-RISK PREGNANCY

BACKGROUND:

Central retinal vein occlusion (CRVO) is an uncommon retinal vascular disorder in young adults and is rarely encountered during pregnancy. Pregnancy itself is a physiological hypercoagulable state associated with increased thrombotic risk. The presence of additional systemic risk factors such as poorly controlled diabetes mellitus, hypertensive disorders of pregnancy and possible thrombophilia may further predispose pregnant patients to retinal vascular occlusive events. Bilateral CRVO in pregnancy is particularly rare and may indicate severe underlying systemic vascular compromise. Furthermore, retinal findings may overlap with diabetic retinopathy, making diagnosis and management challenging. This case highlights the importance of early ophthalmic assessment, multidisciplinary management, and vigilant follow-up in high-risk pregnancies complicated by systemic vascular disease.



OKLUSI VENA RETINA SENTRAL BILATERAL DALAM KEHAMILAN BERISIKO TINGGI

LATAR BELAKANG:

Oklusi vena retina sentral (Central Retinal Vein Occlusion, CRVO) merupakan gangguan vaskular retina yang jarang berlaku dalam kalangan dewasa muda dan lebih jarang ditemui semasa kehamilan. Kehamilan sendiri merupakan keadaan hiperkoagulasi fisiologi yang dikaitkan dengan peningkatan risiko trombosis. Kehadiran faktor risiko sistemik tambahan seperti diabetes mellitus yang tidak terkawal, gangguan hipertensi dalam kehamilan, dan kemungkinan trombofilia boleh meningkatkan lagi risiko kejadian oklusi vaskular retina dalam kalangan wanita hamil. CRVO bilateral semasa kehamilan adalah sangat jarang berlaku dan mungkin mencerminkan kompromi vaskular sistemik yang teruk. Selain itu, manifestasi retina boleh bertindih dengan retinopati diabetik, menjadikan diagnosis dan pengurusan lebih mencabar. Kes ini menekankan kepentingan penilaian oftalmologi awal, pengurusan multidisiplin, dan pemantauan rapi dalam kehamilan berisiko tinggi yang disertai penyakit vaskular sistemik.



EP-CR-102
Retina

BORN WITH IT, FOUND AT 70: A HIDDEN CHORIORETINAL COLOBOMA

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BACKGROUND:

Chorioretinal coloboma is a rare congenital anomaly from incomplete embryonic fissure closure, often asymptomatic and incidentally detected despite potential vision loss. We report an asymptomatic case detected during cataract screening.

CASE REPORT:

A 70-year-old female presented for cataract screening with no visual complaints, denying blurred vision, metamorphopsia, or visual field defects. Visual acuity was 6/24 in the right eye and 6/36 in the left eye, with no relative afferent pupillary defect. Anterior segment examination showed bilateral nuclear sclerotic cataracts without other abnormalities. The right fundus was normal, while the left revealed a large inferonasal chorioretinal coloboma with superior displacement of the optic disc. Old hemorrhagic changes were noted along the temporal margin without active bleeding or retinal detachment.

CONCLUSION:

Chorioretinal coloboma may be clinically silent despite structural anomalies, highlighting the importance of thorough ocular examination and periodic monitoring for potential complications.

KEYWORDS:

Congenital abnormalities, Chorioretinal coloboma, Choroidal neovascularisation



EP-CR-103
 Retina

CHOROIDAL OSTEOMA WITH SUBRETINAL FLUID: A MULTIMODAL IMAGING CASE REPORT

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BACKGROUND:

Choroidal osteoma is a rare benign ossifying choroidal tumor affecting young to middle-aged females, presenting as well-defined macular or juxtapapillary lesion with possible visual impairment from subretinal fluid (SRF) or choroidal neovascularization (CNV).

CASE REPORT:

A 38-year-old Malay female presented with 3-year history of stable reduced vision in the left eye (LE). BCVA was RE 6/9 and LE 6/18 (PH 6/9). Fundus examination showed a foveal choroidal lesion with SRF. Multimodal imaging revealed early hyperfluorescence without leakage on FFA, hypocyancence with rim enhancement on ICG, OCT macula showed persistent subfoveal SRF and B-scan showed high reflectivity with posterior shadowing. She received seven intravitreal ranibizumab injections, resulting in improved BCVA (6/12, PH 6/9) and reduced SRF with no CNV.

CONCLUSION:

Choroidal osteoma requires multimodal imaging for diagnosis. Anti-VEGF therapy may improve SRF and vision, with long-term follow-up essential for CNV.

KEYWORDS:

Choroidal osteoma, Macula lesion, Subretinal fluid



EP-CR-104
 Retina

COMBINED CENTRAL RETINAL VEIN AND CILIORETINAL ARTERY OCCLUSION REVEALING POSSIBLE AUTOIMMUNE VASCULOPATHY IN A HEALTHY MIDDLE-AGED WOMAN

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BACKGROUND:

Concurrent central retinal vein occlusion (CRVO) and cilioretinal artery occlusion (CLRAO) is an uncommon retinal vascular event. In younger patients without traditional cardiovascular risk factors, autoimmune disease should be considered.

CASE REPORT:

A 42-year-old Malay woman presented with a four-day history of sudden painless visual loss in the left eye, preceded by amaurosis fugax one week earlier. Best-corrected visual acuity was counting fingers. Fundus examination showed a hyperemic optic disc, retinal whitening temporal to the disc consistent with CLRAO, dilated tortuous veins, and scattered intraretinal hemorrhages. Optical coherence tomography revealed macular intraretinal and subretinal fluid. Systemic evaluation was unremarkable except for a positive antinuclear antibody titre (1:80, speckled pattern). Combined non-ischemic CRVO and CLRAO was diagnosed. Following ocular massage and topical timolol, visual acuity improved to 6/36 (pinhole 6/9) after three weeks, with complete anatomical resolution.

CONCLUSION:

Combined CRVO and CLRAO may indicate autoimmune vasculopathy, with favorable outcomes achievable through timely management.

KEYWORDS:

Autoimmune Vasculopathy, Cilioretinal Artery Occlusion, Central retinal artery occlusion,



EP-CR-105
 Retina

EARLY LASER MANAGEMENT OF RETINAL CAPILLARY HEMANGIOBLASTOMA IN VON HIPPEL-LINDAU SYNDROME: A CASE REPORT

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BACKGROUND:

Von Hippel-Lindau (VHL) syndrome is a rare autosomal dominant disorder associated with retinal and central nervous system hemangioblastomas.

CASE REPORT:

We report a 23-year-old male with history of posterior fossa hemangioblastoma WHO grade 1 treated with craniotomy and tumor excision 4 years prior, who was referred for ophthalmic surveillance for associated ocular manifestations of VHL syndrome. Best corrected visual acuity was 6/6 bilaterally and initial ophthalmic examinations were unremarkable. During serial follow-up, a peripheral retinal vascular lesion with prominent feeder and draining vessels was detected in the left eye, consistent with retinal capillary hemangioblastoma. Systemic screening revealed a solitary left renal upper pole cyst and pancreatic cyst. Laser photocoagulation was performed. The patient remains under follow up for treatment response.

CONCLUSION:

This case highlights the importance of lifelong serial ophthalmic surveillance in VHL syndrome for early detection and timely intervention before vision-threatening complications occur.

KEYWORDS:

Laser photocoagulation, ophthalmic surveillance, retinal capillary hemangioblastoma, Von Hippel-Lindau syndrome



EP-CR-106
 Retina

HIDING IN PLAIN SIGHT: LATE-ONSET MACULAR DYSTROPHY MASKED BY CORTICAL COMPLETION

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BACKGROUND:

Stargardt disease, an autosomal recessive ABCA4 macular dystrophy, causes cytotoxic lipofuscin accumulation and progressive central vision loss. While macular thinning is common, secondary full-thickness macular holes are extremely rare.

CASE REPORT:

A 33-year-old female presented with progressive bilateral central vision loss, worse at night. Visual acuity was 4/60 bilaterally with reduced colour vision. Fundoscopy showed macular mottling, bull's-eye maculopathy, and yellowish flecks. Optical coherence tomography (OCT) revealed bilateral foveal thinning and a unique right full-thickness macular hole. Fundus autofluorescence demonstrated central macular hypoautofluorescence with surrounding hyperautofluorescent flecks. Infective screening was negative. Suspecting Stargardt disease, the patient was counselled for genetic testing, scheduled for an electroretinogram, and referred for low-vision rehabilitation. This case illustrates a rare vitreoretinal interface complication in advanced macular dystrophy.

CONCLUSION:

Early eye screening may help slow down irreversible structural damage from progressive retinal dystrophies.

KEYWORDS:

Fundus autofluorescence / genetic testing / macular dystrophy / Stargardt disease



EP-CR-107
 Retina

MORE THAN A CAT SCRATCH: BILATERAL NEURORETINITIS IN A CHILD

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BACKGROUND:

Bartonella-related bilateral neuroretinitis is rare in children. It is a treatable condition that should be recognized.

CASE REPORT:

A 8-year-old immunocompetent boy presented with 1-month history of painless bilateral eye blurring of vision, with history of cat scratch injury. His visual acuity was 6/36 in the right eye (OD), and 3/60 in the left eye (OS). Fundus revealed bilateral optic disc edema, macular star, vasculitis and peripheral retinal exudates. Optical coherence tomography (OCT) demonstrated subretinal fluid, intraretinal exudates with disruption of the ellipsoid layer in both eyes. Clinical diagnosis of bilateral neuroretinitis was confirmed by positive Bartonella henselae titre. He was treated with Azithromycin 390mg OD and corticosteroids for 2 months. Upon completion of treatment, his ocular infection resolved completely with best-corrected visual acuity of 6/9 OD, 6/15 OS.

CONCLUSION:

Early recognition of this condition is important to achieve favorable visual outcomes.

KEYWORDS:

Bartonella henselae, cat scratch disease, neuroretinitis



EP-CR-108
Retina

MULTIPLE BILATERAL FULL THICKNESS MACULAR HOLES WITHOUT VITREOMACULAR TRACTION IN ALPORT SYNDROME.

BACKGROUND:

Alport syndrome is hereditary type IV collagen disorder with renal disease, hearing loss and ocular abnormalities. Full thickness macula holes (FTMHs) are uncommon with giant or multiple bilateral variants being exceptionally rare.

CASE REPORT:

A 37 years old male with end-stage renal failure secondary to focal segmental glomerulosclerosis and longstanding hearing impairment presented with bilateral visual impairment. Bilateral macula hole were identified over a decade before genetic confirmation of Alport Syndrome. His visual acuity was 4/60 in both eyes. Fundus examination showed a right giant FTMH and multiple left FTMH without vitreous detachment or vitreomacular traction.

CONCLUSION:

Multiple bilateral FTMHs is a rare ocular manifestation of Alport syndrome. Recognising this atypical phenotype may facilitate earlier diagnosis and management of the patient.

KEYWORDS:

Alport Syndrome, Full thickness macular hole, Giant macular hole, Type IV collagen disease



LUBANG MAKULA PENUH KETEBALAN PELBAGAI KEDUA-DUA BELAH MATA TANPA TARIKAN VITREOMAKULAR DALAM SINDROM ALPORT

LATAR BELAKANG:

Sindrom Alport ialah gangguan kolagen jenis IV keturunan yang dikaitkan dengan penyakit renal, kehilangan pendengaran, dan keabnormalan okular. Lubang makula ketebalan penuh (FTMH) adalah tidak lazim, dengan varian gergasi atau berbilang di kedua-dua belah mata merupakan keadaan yang sangat jarang berlaku.

LAPORAN KES:

Seorang pesakit lelaki berusia 37 tahun yang mengalami kegagalan renal tahap akhir sekunder akibat glomerulosklerosis segmental fokal (*focal segmental glomerulosclerosis*) dan kecacatan pendengaran jangka panjang telah hadir dengan kemerosotan penglihatan bilateral. Lubang makula bilateral telah dikenal pasti lebih sedekad sebelum pengesahan genetik Sindrom Alport dilakukan. Ketajaman penglihatannya adalah 4/60 pada kedua-dua belah mata. Pemeriksaan fundus menunjukkan FTMH gergasi pada mata kanan dan berbilang FTMH pada mata kiri tanpa lekangan vitreus (*vitreous detachment*) atau tarikan vitreomakula.

KESIMPULAN: FTMH berbilang bilateral merupakan manifestasi okular yang jarang berlaku dalam sindrom Alport. Pengesanan fenotip atipikal ini dapat memudahkan cara diagnosis dan pengurusan pesakit pada peringkat yang lebih awal.

KATA KUNCI: Sindrom Alport, Lubang makula ketebalan penuh, Lubang makula gergasi, Penyakit kolagen jenis IV



EP-CR-109
Retina

NAVIGATING OCULAR TOXOPLASMOSIS DURING PREGNANCY: INTRAVITREAL THERAPY AS A SAFE ALTERNATIVE

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BACKGROUND:

Ocular Toxoplasmosis may threaten vision when the macula is involved. Management during pregnancy is challenging due to fetal risks associated with systemic therapy.

CASE REPORT:

A 34-year-old woman at 11 weeks' gestation with previous left eye ocular toxoplasmosis presented with left eye scotoma and reduced vision. Her vision was 6/9 and counting fingers at 1 feet respectively in right and left eye. Anterior segments examination and intraocular pressure were normal bilaterally. Fundus examination and Optical coherence tomography (OCT) showed left macular retinitis with vitritis. Serology was positive for Toxoplasma IgG and negative for IgM, consistent with reactivation. Due to pregnancy, systemic treatment was limited. She received multiple intravitreal injections of clindamycin and dexamethasone. Follow-up showed inactive disease with residual macular atrophy and scarring.-up OCT.

CONCLUSION:

Intravitreal therapy is a safe alternative for ocular toxoplasmosis during pregnancy when systemic treatment is limited.

KEYWORDS:

Ocular Toxoplasmosis, Pregnancy, Intravitreal clindamycin, Reactivated toxoplasmosis



EP-CR-110
 Retina

NODULAR POSTERIOR SCLERITIS MIMICKING OCULAR TUMOR: UNVEILING THE CAUSE

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BACKGROUND:

Nodular posterior scleritis is a rare inflammatory condition that can mimic an intraocular tumor, posing a diagnostic challenge.

CASE REPORT:

A 34-year-old woman presented with a 3-week history of right eye redness, discomfort, temporal conjunctival swelling, and progressive blurred vision. Best-corrected visual acuity was 6/9 with no relative afferent pupillary defect. Examination revealed temporal chemosis and a 2×2 disc diameter choroidal mass with focal exudative retinal detachment, inferior vasculitis, and choroiditis. Systemic examination was unremarkable. Inflammatory and tumor markers were negative, while *Bartonella henselae* serology was positive. CECT brain and orbit demonstrated a small enhancing right intraocular lesion adjacent to the lacrimal gland. Fundus fluorescein angiography showed hyperfluorescent staining corresponding to the lesion. A diagnosis of nodular posterior scleritis secondary to *Bartonella henselae* infection was made. The patient was treated with oral doxycycline and tapering corticosteroids.

CONCLUSION: This case highlights the importance of recognizing infective causes of posterior scleritis to prevent misdiagnosis and unnecessary interventions.

KEYWORDS:

Bartonella Henselae; Intraocular tumor; Nodular posterior scleritis;



EP-CR-111
 Retina

RAPID PROGRESSION OF CHOROIDAL MELANOMA PROMPTING URGENT ENUCLEATION

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BACKGROUND:

A case of choroidal melanoma in an elderly Malay male, highlighting rapid disease progression that required immediate enucleation

CASE REPORT:

A 75-year-old hypertensive Malay male presented with 1-month history of left eye progressive worsening vision. Rapid progression led to a painful eye with secondary angle closure within days. Visual acuity worsened from 6/9 to perception to light within a month, with intraocular pressure ranging from 20–52 mmHg. Anterior segment examination showed a shallow anterior chamber with an extensive temporal choroidal mass. B-scan revealed a choroidal mass measuring 17.27mm (base) x 11.48 mm (height) with exudative retinal detachment. MRI confirmed left choroidal melanoma with choroidal detachment. Immediate enucleation was performed; HPE confirmed mixed-cell type choroidal melanoma.

CONCLUSION:

Mixed-cell choroidal melanoma can present aggressively as acute secondary glaucoma. Prompt enucleation serves as an effective strategy for local tumor control while ensuring negative surgical margins.

KEYWORDS:

Choroidal melanoma, Enucleation, Secondary glaucoma.



EP-CR-112
 Retina

RPE STEP SIGN ASSOCIATED WITH SUBMACULAR PERFLUOROCARBON LIQUID

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BACKGROUND:

Retained submacular perfluorocarbon liquid (PFCL) is a rare but serious complication resulting from the liquid's toxic effects. Characteristic optical coherence tomography (OCT) findings, including the rarely described retinal pigment epithelium (RPE) step sign, remain limited in the literature.

CASE REPORT:

Three patients underwent pars plana vitrectomy; two cases followed chronic rhegmatogenous retinal detachment repair, and one involved advanced diabetic eye disease with combined tractional and rhegmatogenous retinal detachment. OCT demonstrated dome-shaped hyporeflective subretinal spaces with subtle underlying RPE and choroidal hyperreflectivity, as well as apparent RPE elevation in the submacular region indicating "RPE step sign". All patients underwent PFCL removal via direct aspiration using a 38-gauge cannula. Persistent retained PFCL remained in one surgically treated eye. Although functional visual improvement was documented, outer retinal atrophy and photoreceptor loss were observed in all cases.

CONCLUSION:

Recognizing the RPE step sign and other characteristic OCT features is essential for diagnosing retained submacular PFCL and determining the need for surgical intervention.

KEYWORDS:

RPE step sign, Submacular PFCL, Vitrectomy



EP-CR-113
 Retina

RETINAL STROKE AT 37: WHEN SUDDEN VISION LOSS UNMASKS HIDDEN CARDIOVASCULAR DISEASE

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BACKGROUND:

Central Retinal Artery Occlusion (CRAO) is an ophthalmic emergency typically associated with older patients and atherosclerotic risk factors. Its occurrence in young adults is uncommon and warrants thorough systemic evaluation.

CASE REPORT:

A 37-year-old man with untreated hypercholesterolemia, previous smoking history, and active vaping, presented with sudden painless visual loss in the right eye. Visual acuity was perception of light with a positive relative afferent pupillary defect. Fundus examination revealed diffuse retinal whitening, arteriolar attenuation and cherry-red spot, consistent with CRAO. Ocular massage yielded no improvement and no visible emboli were identified. Subsequent systemic evaluation uncovered right bundle branch block and pulmonary hypertension.

CONCLUSION:

CRAO in young adults warrants strong suspicion for underlying cardiovascular disease. Prompt multidisciplinary assessment is crucial, as retinal ischemia may be the first manifestation of potentially serious systemic pathology.

KEYWORDS:

Cardiovascular disease, central retinal artery occlusion, visual loss, young adult



EP-CR-114
 Retina

RETINAL VASOPROLIFERATIVE TUMOUR: A CASE REPORT

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BACKGROUND:

Retinal vasoproliferative tumor (RVPT) is a rare benign retinal tumor that poses diagnostic challenges due to its heterogeneous presentation and overlap with other vascular retinal lesions.

CASE REPORT:

A 25-year-old gentleman was incidentally found to have a left retinal mass in 2021. Right eye (RE) undergone vitrectomy for rhegmatogenous retinal detachment. Visual acuity was hand movement in RE and 6/6 in left eye (LE). Examination of LE showed normal anterior segment. Fundus examination revealed an elevated hypopigmented subretinal inferior peripheral lesion with surrounding exudation and telangiectatic vessels, without feeder vessels or hemorrhage. Macula optical coherence tomography was normal and fundus fluorescein angiography showed normal retinal vessel calibre. A diagnosis of LE RVPT was made. The patient declined further imaging and treatment. He was managed conservatively with six-monthly observation.

CONCLUSION:

This case highlights the importance of recognizing RVPT as a differential diagnosis of peripheral retinal lesions especially in asymptomatic patients.

KEYWORDS:

Retinal vasoproliferative tumor, peripheral retinal lesion, multimodal imaging, observation management



EP-CR-115
 Retina

SEEING BEYOND THE SYMPTOMS: ASYMPTOMATIC BILATERAL CENTRAL RETINAL VEIN OCCLUSION DURING PREGNANCY WITH COMPLETE SPONTANEOUS RESOLUTION

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BACKGROUND:

Pregnancy induces a hypercoagulable state that may increase the risk of central retinal venous occlusion (CRVO) particularly in patients with systemic comorbidities such as diabetes mellitus.

CASE REPORT:

A 28-year-old pregnant woman with diabetes mellitus underwent routine diabetic retinopathy screening. She was asymptomatic with visual acuity of 6/6 bilaterally. Fundus examination revealed bilateral venous dilatation, tortuosity, and peripapillary flame-shaped haemorrhages consistent with CRVO. Optical coherence tomography showed minimal intraretinal fluid in the left eye. She was managed conservatively with obstetric co-management and close follow-up. Serial examinations demonstrated complete resolution of retinal vascular changes and haemorrhages postpartum without intervention, with stable vision

CONCLUSION:

CRVO may occur silently during pregnancy and be detected incidentally during diabetic screening. Retinal assessment in pregnancy should extend beyond diabetic retinopathy, as pregnancy-related hypercoagulability may precipitate asymptomatic yet clinically significant retinal vascular occlusions.

KEYWORDS:

Bilateral CRVO; Hyperviscosity; Pregnancy; Retinal vein occlusion; Spontaneous resolution



EP-CR-116
 Retina

SNAKE IN THE EYES

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BACKGROUND:

Serpiginous choroiditis (SC) is a rare posterior uveitis with autoimmune or infectious aetiologies, including tuberculosis (TB). We report a case of serpiginous-like choroiditis (SLC) in presumed ocular TB.

CASE REPORT:

A 30-year-old healthy female presented with both eyes (BE) redness and blurred vision, with right eye (RE) photopsia. Best-corrected visual acuity (BCVA) was 6/9 bilaterally. Examination shows bilateral injected conjunctiva, anterior chamber cells and fine keratic precipitates on cornea endothelium. Fundus revealed bilateral grey-yellowish subretinal SLC lesions along temporal arcade sparing macula. There was no vitritis nor retinitis seen. A chest X-ray showed right lower lobe opacities, and her TB QuantiFERON test was positive, despite negative sputum and Mantoux tests. Patient was initiated with tapering topical steroid and anti-tubercular (anti-TB) drugs.

CONCLUSION:

Malaysia is a TB endemic country. Yet, establishing diagnosis of ocular TB remains challenging. It is crucial to differentiate tuberculous SLC from classic SC, as proper evaluation and prompt treatment can prevent severe vision loss.

KEYWORDS:

Ocular tuberculosis, posterior uveitis, serpiginous-like choroiditis



EP-CR-117
Retina

SYSTEMIC LUPUS ERYTHEMATOSUS RETINAL VASCULITIS: A CASE SERIES OF FIVE PATIENTS

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BACKGROUND:

Systemic lupus erythematosus (SLE) retinal vasculitis can cause sudden vision loss although it is a rare manifestations of the disease.

CASE SERIES:

We present five patients aged 15-41 years, with SLE retinal vasculitis. Four patients were female and 3 of them had retinal vasculitis as the first presentation of SLE. Four patients had bilateral involvement except for one patient who had unilateral disease with vein occlusion and macular edema. One patient had both arterial and venous occlusion. Only two patients had good final visual acuity (VA), 6/9 in both eyes. All patients received full laser panretinal photocoagulation (PRP) and one patient progressed to neovascular glaucoma (NVG) in both eyes, requiring glaucoma filtering surgery. Systemic treatments included corticosteroids, immunosuppressants and Hydrochloroquine.

CONCLUSION:

These case series highlights a rare manifestations of SLE retinal vasculitis as either the initial manifestation or develop during the course of the disease, indicating the importance of early recognition and timely intervention.

KEYWORDS:

Retinal vasculitis, SLE, lupus vasculitis



EP-CR-118
 Retina

THE HIDDEN SHRAPNEL: TWO CASES OF GRASS-CUTTING INTRAOCULAR FOREIGN BODIES

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BACKGROUND:

Grass-cutting activities pose a severe, underestimated risk for profound ocular trauma. High-velocity debris propelled by mechanical mowers can cause complex open-globe injuries and deeply embedded intraocular foreign bodies (IOFBs).

CASE REPORT:

Two immunocompetent males presented with unilateral penetrating injuries sustained while grass-cutting, neither having worn eye protection. Case 1: A 42-year-old with left eye corneal laceration, traumatic cataract, and vitreous IOFB underwent primary repair and vitrectomy; final visual outcome was 3/60. Case 2: A 55-year-old with right eye scleral laceration and IOFB developed total rhegmatogenous retinal detachment, requiring silicone oil tamponade, with final vision of hand movement.

CONCLUSION:

Grass-cutting-related IOFBs cause devastating ocular injuries. Prompt surgical management is crucial, but visual prognosis remains guarded. Increased public awareness on eye protection and injury prevention is essential.

KEYWORDS:

Intraocular foreign body; grass-cutting trauma; vitrectomy; eye protection



EP-CR-119
 Retina

TOPICAL CORTICOSTEROID MAINTENANCE IN INCOMPLETE VOGT-KOYANAGI-HARADA DISEASE FOLLOWING AZATHIOPRINE-INDUCED LIVER INJURY

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BACKGROUND:

Vogt-Koyanagi-Harada (VKH) disease requires aggressive systemic corticosteroids followed by steroid-sparing immunomodulatory therapy (IMT) to prevent recurrence. However, severe systemic toxicities can complicate long-term management.

CASE REPORT:

A 50-year-old Malay lady presented with acute bilateral vision loss, optic disc edema, and extensive exudative retinal detachments. Multimodal imaging revealed marked choroidal thickening, multi-lobulated subretinal fluid, and pinpoint angiographic leakage, confirming incomplete VKH. High-dose oral Prednisolone achieved complete anatomical resolution. Oral Azathioprine was added as a steroid-sparing agent; however, severe drug-induced liver injury developed two months later, forcing immediate cessation of all systemic immunosuppression. To mitigate recurrence risks, she was transitioned to local maintenance with topical Dexamethasone 0.1% twice daily. Ocular quiescence and dry maculae were successfully maintained without intraocular pressure spikes.

CONCLUSION:

Long-term topical corticosteroid therapy represents a viable, low-risk maintenance strategy to sustain ocular remission in VKH when systemic immunomodulation is strictly contraindicated.

KEYWORDS:

Azathioprine, Drug Induced Liver Injury, Exudative Retinal Detachment, Vogt-Koyanagi-Harada disease, topical corticosteroids.



EP-CR-120
 Retina

TRAUMATIC CHOROIDAL RUPTURE FOLLOWING BADMINTON-RELATED BLUNT OCULAR INJURY: A CASE REPORT

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BACKGROUND:

Choroidal rupture is a break in the choroid, Bruch's membrane, and retinal pigment epithelium following blunt ocular trauma. High-velocity projectiles, such as badminton shuttlecocks, can cause significant posterior segment injury and visual impairment.

CASE REPORT:

A 45-year-old man presented with one week of blurred vision in the left eye after shuttlecock impact. Visual acuity was 6/60. Examination revealed eyelid laceration, subconjunctival haemorrhage, corneal epithelial defect, anterior chamber inflammation, and iridodialysis. Fundus findings suggested macular choroidal rupture with commotio retinae and a peripheral retinal tear. Fundus autofluorescence confirmed the rupture, while optical coherence tomography showed discontinuity of the retinal pigment epithelium layer.

CONCLUSION:

Choroidal rupture is a serious complication of blunt trauma. Although often managed conservatively, long-term follow-up is essential due to the risk of choroidal neovascularization requiring anti-VEGF therapy.

KEYWORDS:

Blunt ocular trauma, Choroidal rupture



EP-CR-121
 Retina

TREATING THE UNSEEN: SUCCESSFUL MANAGEMENT OF PRESUMED DIFFUSE UNILATERAL SUBACUTE NEURORETINITIS

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BACKGROUND:

To report a case of presumed Diffuse Unilateral Subacute Neuroretinitis (DUSN) successfully treated with oral albendazole despite the absence of a visible nematode.

CASE REPORT:

A 22-year-old man presented with a sudden, painless reduced vision in the left eye for two days. Examination revealed left eye visual acuity of 6/30, with a positive relative afferent pupillary defect. Fundus examination revealed a swollen optic disc, multiple choroiditis lesions over temporal area, with surrounding vasculitis. No intraocular parasite was identified across multiple visits. Empirical oral albendazole 400 mg daily was initiated. After four weeks, visual acuity improved to 6/12 alongside complete resolution of optic disc swelling and inflammatory lesions.

CONCLUSION:

Diagnosing DUSN remains a clinical challenge when the organism is elusive. Ophthalmologists must rely on characteristic neuroretinal and vascular inflammatory signs to guide timely empirical anti-parasitic therapy.

KEYWORDS:

Albendazole, DUSN, neuroretinitis



EP-CR-122
 Retina

UVEAL EFFUSION SYNDROME: EYES ON LUPUS.

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BACKGROUND:

Uveal effusion syndrome (UES) is a rare, sight-threatening ocular manifestation of Systemic Lupus Erythematosus (SLE) nephropathy.

CASE REPORT:

A 32-year-old lady presented with bilateral drop in vision associated with epiphora and periorbital puffiness. Examination noted visual acuity (VA) right eye (RE) 6/36 pinhole 6/24 and left eye (LE) 6/60 pinhole 6/9 with bilateral chemosis and severely shallow anterior chamber. Fundus showed presence of macula striation with peripheral shallow choroidal effusion.

Systemic examination noted bilateral pedal edema, pleural and pericardial effusion, with hypoalbuminemia, proteinuria, positive serology ANA and dsDNA and low complement level (C3, C4).

Oral Prednisolone, Tab Hydroxychloroquine and antidiuretics were commenced.

Her ocular condition improved with vision 6/18 in both eyes, resolved chemosis, deeper anterior chamber and resolved choroidal effusion.

CONCLUSION:

Ocular symptoms could indicate early sign for systemic flares, in which collaboration between ophthalmologists, nephrologists and rheumatologists are essential to preserve both vision and organ function.

KEYWORDS:

Hypoalbuminemia, Uveal effusion syndrome, Choroidal effusion, subretinal fluid.



EP-CR-123
 Retina

WHEN A BRIEF BLACKOUT MATTERS: CILIORETINAL ARTERY OCCLUSION PRESENTING WITH TRANSIENT VISION LOSS

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BACKGROUND:

Cilioretinal artery occlusion (CLRAO) is a rare retinal vascular event causing localized ischemia. Visual acuity may be preserved if the fovea is spared, but visual field defects can persist.

CASE REPORT:

A 53-year-old Indian man with diabetes, hypertension, and prior stroke presented with a 5-minute right eye blackout followed by recovery and persistent temporal scotoma. Visual acuity was 6/9 bilaterally with no relative afferent pupillary defect. Funduscopy showed localized retinal whitening along the cilioretinal artery distribution. Humphrey visual field revealed a corresponding sectoral defect, while OCT showed inner retinal thickening with foveal sparing. He received acute ocular treatment, and dual antiplatelet therapy was restarted after systemic evaluation.

CONCLUSION:

CLRAO may present with transient visual loss and preserved vision but lasting field defects. It is an important ocular warning sign of systemic vascular disease, highlighting the role of ophthalmologists in initiating timely cardiovascular risk assessment and preventing recurrent cerebrovascular events.

KEYWORDS:

Cilioretinal artery occlusion, retinal ischemia, transient visual loss



EP-CR-124
 Retina

WHEN RETINAL ARTERIES MEET THE VEINS

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BACKGROUND:

Arterio-venous malformation (AVM) of the retina are rare, sporadic and non-hereditary disorders that can be associated with intracranial and systemic AVM.

CASE REPORT:

A 20-year-old healthy man presented with a 3-day history of left temporal visual field loss noticed upon waking. He had a history of longstanding floaters but no visual blurring or trauma. Visual acuity was preserved, with a grade 1 RAPD in the left eye. Fundus examination revealed bilateral retinal arteriovenous malformations (AVMs) with left eye retinal elevation and multiple retinal haemorrhages. OCTA and FFA confirmed the vascular abnormalities. Brain CT and CTA showed no intracranial AVM. Due to persistent vitreous haemorrhage, he underwent left eye vitrectomy and was scheduled for outpatient MRI evaluation.

CONCLUSION:

Retinal arteriovenous malformation (AVM) is a rare, congenital, non-hereditary vascular anomaly that may be associated with intracranial AVMs. Most cases are asymptomatic, but complications such as retinal or vitreous haemorrhage can occur. Neuroimaging is recommended to exclude associated conditions, including Wyburn-Mason syndrome. Treatment is usually unnecessary unless complications develop.

KEYWORDS:

Retinal Arteriovenous Malformation, Vitreous Haemorrhage



EP-CR-125
 Retina

WHEN THE RETINA UNMASKS LUPUS: A CASE OF YOUNG-ONSET CENTRAL RETINAL VEIN OCCLUSION WITH MACULAR EDEMA

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BACKGROUND:

Retinal vaso-occlusive disease is a rare but vision-threatening ocular manifestation of Systemic Lupus Erythematosus (SLE). We report a case of unilateral ischemic central retinal vein occlusion (CRVO) with cystoid macular edema (CME) as the initial presenting feature of SLE in an adolescent patient.

CASE REPORT:

A 16-year-old girl presented with two days history of acute painless blurring of vision over the left eye (LE). She had a one-year history of intermittent Raynaud's phenomenon and recurrent maculopapular rashes over upper back. Ocular examination revealed findings consistent with LE ischemic CRVO complicated by CME. Autoimmune workup confirmed the diagnosis of SLE, and the patient was co-managed with the rheumatology team. Intravitreal Ranibizumab was administered one week after presentation. Optical coherence tomography demonstrated resolution of CME with residual foveal atrophy one month post-treatment. However, her visual recovery remained poor, and she subsequently developed vitreous hemorrhage in the LE, requiring initiation of pan retinal photocoagulation and regular follow up.

CONCLUSION:

This case highlights that retinal vaso-occlusive disease in a young patient should raise suspicion for an underlying systemic autoimmune disorder such as SLE. Early diagnosis and prompt multidisciplinary management is crucial to preserve vision and reduce systemic complications.

KEYWORDS:

Central retinal vein occlusion; Systemic lupus erythematosus; Macular edema; Adolescent; Retinal vaso-occlusive disease



EP-CR-126
 Uveitis

‘HOURS TO BLINDNESS’

BACILLUS CEREUS ENDOPHTHALMITIS FOLLOWING IOFB

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BACKGROUND:

Reporting a case of *Bacillus cereus* endophthalmitis following retained IOFB, where delayed recognition resulted in fulminant infection and irreversible vision loss.

CASE REPORT:

32-year-old healthy gentleman sustained a left eye penetrating injury while hammering nail. He presented immediately to primary care with pain and redness but preserved vision, and was treated as corneal abrasion with subconjunctival hemorrhage.

Within 12 hours, he developed worsening pain, swelling, and profound visual loss. On presentation, left eye had no perception of light (NPL) with proptosis and chemosis, no external wound noted. CT imaging revealed a retained left intraocular foreign body (IOFB) at posterior sclera.

His condition continued to worsen despite systemic and intravitreal antibiotics, hence enucleation was done on day 2 post-trauma. Intraoperative cultures grew *Bacillus cereus*.

CONCLUSION:

High index of suspicion is crucial in high-risk ocular trauma. *Bacillus cereus* endophthalmitis progresses rapidly with poor visual outcomes despite aggressive treatment.

KEYWORDS:

Bacillus cereus, Endophthalmitis, IOFB, ocular trauma, penetrating injury



EP-CR-127
 Uveitis

A FELINE FOE: SEVERE OPTIC DISC SWELLING AND MACULAR STAR IN ATYPICAL NEURORETINITIS

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BACKGROUND:

Atypical neuroretinitis secondary to Bartonella is a rare but severe ophthalmic manifestation. We present a case of profound optic disc swelling managed with dual therapy.

CASE REPORT:

A 20-year-old male presented with acute left eye central vision loss and dyschromatopsia post-respiratory infection. Examination showed a left relative afferent pupillary defect and profound optic disc swelling obscuring retinal vessels. Imaging demonstrated macular edema, peripapillary subretinal fluid, a macular star, and left optic nerve enhancement. Screening was positive for Bartonella, with incidental transaminitis. Treated with oral doxycycline and intravenous methylprednisolone, he had rapid resolution of disc swelling and visual recovery to 6/12.

CONCLUSION:

This case highlights the clinical and imaging findings of severe infectious neuroretinitis, emphasizing the efficacy of combined antimicrobial and immunomodulatory therapy for rapid visual recovery.

KEYWORDS:

Bartonella, Macular edema, Macular star, Neuroretinitis, Optic neuritis



MUSUH KUCING: BENGGAK SARAF OPTIK TERUK DAN BINTANG MAKULAR DALAM NEUORETINITIS TIDAK TIPIKAL

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LATAR BELAKANG:

Neuroretinitis tidak tipikal sekunder kepada Bartonella adalah manifestasi oftalmik yang teruk. Kami membentangkan satu kes bengkak saraf optik yang diuruskan dengan terapi dwi.

LAPORAN KES:

Seorang lelaki 20 tahun hadir dengan kehilangan penglihatan pusat mata kiri akut dan diskromatopsia pasca-jangkitan pernafasan. Pemeriksaan menunjukkan kecacatan reaktif pupil aferen kiri dan bengkak saraf optik teruk yang mengaburkan saluran darah retina. Pengimejan memaparkan edema makular, cecair subretina peripapilari, bintang makular, dan peningkatan saraf optik kiri. Saringan positif untuk Bartonella, dengan transaminitis insidental. Dirawat dengan doksisisiklin oral dan metilprednisolon intravena, bengkak saraf optiknya surut pantas dengan pemulihan penglihatan kepada 6/12.

KESIMPULAN:

Kes ini menekankan penemuan klinikal dan pengimejan neuroretinitis berjangkit yang teruk, menggariskan keberkesanan terapi gabungan antimikrobial dan imunomodulatori untuk pemulihan penglihatan yang pantas.

KATA KUNCI:

Bartonella, Bintang makular, Edema makular, Neuroretinitis, Neuritis optic



EP-CR-128
Uveitis

ACUTE ANTERIOR UVEITIS AS THE INITIAL CLUE TO UNDERLYING SPONDYLOARTHRITIS: CASE REPORT

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BACKGROUND:

HLA-B27 associated anterior uveitis is an important non-infectious ocular inflammation that may present before systemic spondyloarthritis becomes clinically evident.

CASE REPORT:

A young man presented with painful redness and progressive vision loss in the left eye, with a previous episode of blurred vision in the right eye, suggesting recurrent alternating involvement. The left eye showed severe anterior uveitis with a visual acuity of 1/300, hypopyon, posterior synechiae, and floating keratic precipitates. Previous history was notable for chronic low back pain and morning stiffness. Laboratory tests showed elevated erythrocyte sedimentation rate (ESR) and C-reactive protein levels (CRP), and pelvic radiography revealed grade 1 sacroiliitis. Together, these findings raised suspicion for HLA-B27 associated anterior uveitis.

CONCLUSION:

Early recognition of characteristic features aids the diagnosis of HLA-B27 associated anterior uveitis, while multidisciplinary management optimizes patient outcomes.

KEYWORDS:

Anterior Uveitis, HLA-B27, Human Leucocyte Antigen, Spondyloarthritis



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 Uveitis

ATYPICAL BULLOUS CENTRAL SEROUS CHORIORETINOPATHY: CASE SERIES

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BACKGROUND:

Bullous central serous chorioretinopathy (CSC) is a rare and severe variant characterised by exudative retinal detachment (ERD) and retinal pigment epithelium (RPE) tears, frequently precipitated by corticosteroid exposure.

CASE REPORT:

We report three Malay male patients aged 50–64 years with bullous CSC associated with prolonged exogenous corticosteroid usage. Systemic diseases identified were bilateral knee osteoarthritis, leukemia and C-ANCA vasculitis. Average time of presentation was 1.5 month after initiation of corticosteroid. Two patients had both eyes involvement and poor vision at presentation in the affected eyes (between 6/60 to CF). Multimodal imaging showed multiple retinal pigment epitheliopathy with RPE tears. Management included steroid cessation, focal laser photocoagulation, and vitreoretinal surgery in one case, with poor visual outcomes in two patients.

CONCLUSION:

Bullous CSC should be suspected in patients with ERD. Early recognition and prompt steroid withdrawal are essential to prevent irreversible visual loss.

KEYWORDS: Bullous central serous chorioretinopathy; corticosteroids; exudative retinal detachment, retinal pigment epithelium tear



EP-CR-130
 Uveitis

FROM 6/60 TO 6/6: COMPLETE VISUAL RECOVERY IN SEVERE LUPUS VASO-OCCLUSIVE RETINAL VASCULITIS

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BACKGROUND:

Retinal vasculitis is a rare, sight-threatening manifestation of systemic lupus erythematosus (SLE). We report a case demonstrating complete visual recovery following aggressive systemic immunosuppression.

CASE REPORT:

A 32-year-old female with SLE presented with bilateral glare and left blurred vision (visual acuity: right eye 6/12, left eye 6/60). Funduscopy and fluorescein angiography showed bilateral vaso-occlusive retinal vasculitis and left macular branch retinal artery occlusion. Following pulse intravenous methylprednisolone and five monthly cycles of intravenous cyclophosphamide, her visual acuity fully recovered to 6/6 bilaterally.

CONCLUSION:

Early systemic corticosteroids and cyclophosphamide therapy can achieve complete visual recovery in severe SLE-associated vaso-occlusive retinal vasculitis.

KEYWORDS:

Cyclophosphamide, retinal vasculitis, systemic lupus erythematosus, vaso-occlusive.



DARI 6/60 KE 6/6: PEMULIHAN PENGLIHATAN SEPENUHNYA DALAM VASKULITIS RETINA VASO-OKLUSIF LUPUS YANG TERUK

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LATAR BELAKANG:

Vaskulitis retina adalah manifestasi jarang berlaku yang mengancam penglihatan dalam lupus eritematosus sistemik (SLE). Kami melaporkan satu kes yang menunjukkan pemulihan penglihatan sepenuhnya.

LAPORAN KES:

Seorang wanita berumur 32 tahun dengan sejarah SLE membentangkan gejala silau bilateral dan kabur penglihatan mata kiri (keterangan penglihatan: mata kanan 6/12, mata kiri 6/60). Pemeriksaan fundus dan angiografi fluoresin menunjukkan vaskulitis retina vaso-oklusif bilateral serta oklusi arteri retina cawangan makula kiri. Selepas rawatan *methylprednisolone* injeksi intravena dan lima kitaran bulanan injeksi *cyclophosphamide* intravena, keterangan penglihatan beliau pulih sepenuhnya kepada 6/6 untuk kedua-dua mata.

KESIMPULAN:

Terapi awal kortikosteroid sistemik dan siklofosfamida boleh mencapai pemulihan penglihatan yang lengkap dalam kes vaskulitis retina vaso-oklusif berkaitan SLE yang teruk.

KATA KUNCI:

Lupus eritematosus sistemik, *cyclophosphamide*, vaskulitis retina vaso-oklusif.



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 Uveitis

OCULAR LEPTOSPIROSIS MASQUERADING AS CHRONIC ENDOGENOUS ENDOPHTHALMITIS

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BACKGROUND:

Ocular leptospirosis is an underdiagnosed cause of infectious uveitis that may mimic chronic endogenous endophthalmitis or masquerade syndromes, requiring early recognition and treatment.

CASE REPORT:

A 66-year-old man, previously healthy presented with acute bilateral blurring of vision and redness. Visual acuity was 6/24 in both eyes. Examination revealed anterior chamber cells 3+ and dense vitritis, without retinitis or choroiditis. Initial infective, inflammatory and malignancy workup was inconclusive. He was initially managed as bilateral panuveitis, subsequently treated for presumed chronic endogenous endophthalmitis with repeated intravitreal vancomycin and ceftazidime and oral ciprofloxacin, achieving only partial response. Recurrent severe panuveitis prompted further evaluation, revealing positive *Leptospira* IgM and MAT titres (1:400). Inflammation resolved and vision improved to 6/9 bilaterally following oral doxycycline and topical corticosteroids therapy.

CONCLUSION:

Ocular leptospirosis should be considered in unexplained bilateral panuveitis or treatment-refractory chronic vitritis, particularly in endemic regions. Prompt diagnosis and targeted antimicrobial therapy may prevent recurrence and improve visual outcomes.

KEYWORDS:

Chronic endogenous endophthalmitis, Ocular leptospirosis, Panuveitis



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 Uveitis

OCULAR TUBERCULOSIS MASQUERADING AS ACUTE POLYMICROBIAL PANOPHTHALMITIS WITH SUBCHOROIDAL ABSCESS

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BACKGROUND:

Ocular tuberculosis (TB) can atypically masquerade as acute bacterial panophthalmitis and orbital cellulitis.

CASE REPORT:

A 22-year-old female presented with right eye pain, periorbital swelling, proptosis, and vision reduced to hand movement. Orbital CECT and B-scan confirmed preseptal/postseptal cellulitis, posterior scleritis, and a subchoroidal abscess. Cultures isolated *Pantoea dispersa* and *Enterobacter cloacae*, while a 15mm Mantoux test and positive IGRA suggestive of ocular TB. The patient underwent transscleral choroidal pus drainage, vitreous tapping, intravitreal antibiotics, and subsequent intracameral rTPA with anterior chamber washout. Systemic treatment included IV meropenem switched to oral ciprofloxacin. Postoperatively, examination showed a mix of external improvement but persistent internal complications.

CONCLUSION:

Secondary bacterial infections can complicate ocular TB presentation. Prompt surgical drainage combined with targeted broad-spectrum antimicrobials is crucial to manage aggressive panophthalmitis.

KEYWORDS:

Ocular tuberculosis, panophthalmitis, subchoroidal abscess, orbital cellulitis.



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 Uveitis

OPEN VERSUS CLOSED ANGLE: ASYMMETRIC CRISIS IN BILATERAL HYPERTENSIVE UVEITIS

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BACKGROUND:

Bilateral hypertensive uveitis can present with identical pressure spikes but stem from different mechanisms, separating open-angle inflammatory processes from mechanical pupillary block.

CASE REPORT:

A 61-year-old lady with bilateral recurrent hypertensive uveitis presented with acute left redness and hand-movement vision. Intraocular pressure (IOP) spiked to right eye (RE) 46 mmHg and left eye (LE) 44 mmHg with dense vitritis both eyes (BE). RE gonioscopy showed open angles; pressure normalized on topical drops and systemic corticosteroids. Conversely, LE exhibited mechanical angle closure secondary to 360° posterior synechiae, seclusio pupillae, extensive peripheral anterior synechiae (PAS), and a mature cataract. This crisis mandated urgent intravenous (IV) methylprednisolone, mechanical synechiolysis with iris hooks, and lens aspiration. Postoperatively, the block resolved, inflammation subsided, and LE IOP stabilized to 24 mmHg.

CONCLUSION:

Medical therapy controls open-angle spikes, but immediate synechiolysis and lens aspiration are mandatory to resolve mechanical pupillary block and extensive PAS during acute hypertensive crises.

KEYWORDS:

Hypertensive uveitis; Lens aspiration; Peripheral anterior synechiae; Pupillary block; Synechiolysis



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 Uveitis

REFRACTORY BILATERAL IDIOPATHIC NECROTISING ANTERIOR SCLERITIS IN A CHILD: A CASE REPORT

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BACKGROUND:

Necrotising anterior scleritis in paediatric age group is extremely rare condition and poses a challenging treatment course

CASE REPORT:

A 7-year-old Myanmar boy, initially presented with right eye pain, redness, blurred vision, and headache for one month. Visual acuity was 6/24 bilaterally. Examination showed severe anterior segment inflammation, vitritis, with localised subretinal exudates. A diagnosis of right idiopathic anterior scleritis made and he was started on high dose oral Prednisolone with early initiation of Methotrexate. Unfortunately, five months later, the left eye progressed to scleral thinning with subretinal exudates, which required pulse steroid therapy and a switching to biologics. At final follow up, the scleritis stabilised and his visual acuity remained 6/24 in both eyes.

CONCLUSION:

Early recognition and aggressive immunosuppressive therapy are crucial for disease control and preservation of ocular integrity.

KEYWORDS:

immunosuppression; pediatric scleritis; scleral thinning.



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Uveitis

SCLEROUVEITIS AS THE PRESENTING MANIFESTATION OF JUVENILE IDIOPATHIC ARTHRITIS

BACKGROUND:

Sclerouveitis is rare in children. We report a child with sclerouveitis as the initial manifestation of juvenile idiopathic arthritis (JIA).

CASE REPORT:

A 6-year-old boy presented with 2-month history of intermittent left eye redness, blurred vision, ocular pain, weight loss, and malaise. No joint symptoms were noted on history. Left visual acuity was counting fingers. Examination revealed anterior chamber cells (3+), anterior vitreous cells (2+), mild vitritis, optic disc hyperaemia, tortuous retinal vessels, and inferior exudative retinal detachment. B-scan ultrasonography demonstrated scleral thickening. Antinuclear antibody was positive, while other infective and autoimmune investigations were unremarkable. Following paediatric rheumatology evaluation, JIA was diagnosed. Treatment with oral corticosteroids and methotrexate achieved complete resolution of ocular inflammation, with best-corrected visual acuity improving to 6/6.

CONCLUSION:

Sclerouveitis can be uncommon presentation of JIA, with no systemic manifestation. Early recognition and multidisciplinary management are essential for favourable visual outcomes.

KEYWORDS:

exudative retinal detachment, juvenile idiopathic arthritis, sclerouveitis



SKLEROUVEITIS SEBAGAI MANIFESTASI AWAL ARTRITIS IDIOPATIK JUVENIL

LATAR BELAKANG:

Sklerouveitis jarang berlaku dalam kalangan kanak-kanak. Kami melaporkan satu kes sklerouveitis sebagai manifestasi awal artritis idiopatik juvenil (AIJ).

LAPORAN KES:

Seorang kanak-kanak lelaki berusia 6 tahun hadir dengan sejarah selama 2 bulan kemerahan mata kiri berselang-seli, penglihatan kabur, sakit mata, penurunan berat badan dan kelesuan. Tiada gejala sendi dilaporkan. Ketajaman penglihatan mata kiri adalah kiraan jari. Pemeriksaan menunjukkan sel bilik anterior (3+), sel vitreus anterior (2+), vitritis ringan, hiperemia cakera optik, salur darah retina kembang dan lekangan inferior retina eksudatif. Ultrasonografi B-scan menunjukkan penebalan sklera. Antibodi antinuklear didapati positif manakala siasatan infektif dan autoimun lain negatif. Selepas penilaian oleh pakar reumatologi pediatrik, AIJ didiagnosis. Rawatan kortikosteroid oral dan metotreksat menghasilkan resolusi lengkap keradangan okular dengan ketajaman penglihatan terkoreksi terbaik meningkat kepada 6/6.

KESIMPULAN:

Sklerouveitis boleh menjadi manifestasi AIJ yang jarang berlaku tanpa manifestasi sistemik. Pengenalpastian awal dan pengurusan multidisiplin penting untuk mencapai hasil visual yang baik..

KATA KUNCI:

artritis idiopatik juvenil, lekangan inferior retina eksudatif, sklerouveitis



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 Uveitis

SEVERE POSTERIOR SCLERITIS IN IGA NEPHROPATHY.

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BACKGROUND:

Severe posterior scleritis associated with IgA nephropathy is a rare manifestation.

CASE REPORT:

A 33-year-old lady with Crescentic IgA nephropathy and young hypertension presented with bilateral eye redness and drop vision for few days. Visual acuity (VA) revealed right eye (RE) 3/60 pinhole 6/36 and Left eye (LE) 3/60 pinhole 6/18.

Both eyes had diffused conjunctival injection, dilated deep episcleral vessels with anterior chamber inflammation. Posteriorly, there were multiple areas of choroidal detachment and B-scan showed T- sign with choroidal effusion. Optical coherence tomography (OCT) also noted thick choroid with corrugation.

She received high dose oral Prednisolone (1mg/kg/day) and early commencement of Azathioprine at third week of treatment course, with complete resolution of her posterior scleritis and her vision had improved to 6/9 in both eyes.

CONCLUSION:

Early recognition and prompt treatment helps to preserve and recover optimum vision.

KEYWORDS:

Crescentic IgA nephropathy, Posterior Scleritis, Young hypertension.



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SILENT LIVER, BLINDED EYE

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BACKGROUND:

Endogenous endophthalmitis (EE) is a severe metastatic infection associated with liver abscess.

CASE REPORT:

A 48-year-old man with poorly controlled diabetes mellitus presented with a 3-day history of right eye redness and blurred vision, with vision reduced to light perception. Initial evaluation suggested occult sepsis, prompting systemic workup. Ocular examination showed marked anterior segment inflammation, while B-scan revealed vitreous loculations. Abdominal ultrasound identified multifocal non-liquefied liver abscesses, confirming the infection source. Despite negative cultures, empirical treatment with intravitreal antibiotics, vitrectomy, and intensive topical and systemic antibiotics was initiated, resulting in marked improvement and near-complete visual recovery at one month.

CONCLUSION:

This case highlights the importance of recognizing occult sepsis and considering liver abscess in patients with systemic infection and ocular symptoms. Early imaging and multidisciplinary management are essential to prevent metastatic complications such as EE and reduce the risk of permanent visual impairment.

KEYWORDS:

Endogenous endophthalmitis, liver abscess, visual acuity



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 Uveitis

SUCCESSFUL TREATMENT OF CYTOMEGALOVIRUS RETINITIS WITH ANTIVIRALS IN HIV-NEGATIVE PATIENTS WITH HODGKIN LYMPHOMA

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BACKGROUND:

CMV is an ocular opportunistic infection and a leading cause of ocular morbidity associated with AIDS. However apart from AIDS, even malignancies and chemotherapies that target T cells are known to increase the risk of CMV disease. CMV retinitis behaves differently in non-HIV patients and may occur concurrently with systemic findings suspicious for malignancy recurrence.

CASE REPORT:

A 38-year-old Malay lady presented with right eye central scotoma for 6 months. She was diagnosed with Hodgkin lymphoma six years ago and had received five cycles of systemic chemotherapy. Currently she on oral maintenance chemotherapy with etoposide, procarbazine, and prednisolone. Her disease had remained in remission for the past four years. At the same presentation, she complained of back pain for 6 months and was managed by the orthopaedic team. MRI spine showed a T12 burst fracture with retropulsion causing spinal canal stenosis and cord compression, T5 compression fracture, and multiple marrow signals suspicious for metastases. Transpedicular L2 biopsy showed no malignancy. She was planned for positron emission tomography (PET) scan to assess disease activity and rule out metastases. A complete eye examination was done. Visual acuity was 6/9 in bilaterally. Anterior segment examination showed 2+ anterior chamber cells with no anterior vitreous cells or vitritis over right eye (RE). Fundus examination revealed patches of granular retinitis with scanty haemorrhages along the superotemporal and inferotemporal arcades in the right eye, with multiple bilateral peripheral atrophic holes which were treated with barricade laser. Therefore, a diagnosis of CMV retinitis RE was made and subsequent vitreous biopsy done and vitreous PCR confirmed CMV DNA and her ~~with~~ CMV viral load of 47,600 IU/ml. Her HIV, toxoplasma, and VDRL tests were negative. Bone marrow aspirate showed normocellular marrow with no evidence of lymphomatous infiltration; trephine biopsy result is pending. She was started on induction therapy with intravitreal and intravenous ganciclovir but developed neutropenic sepsis with hospital-acquired pneumonia, requiring a substitute to intravenous foscarnet. Her RE retinitis improved after multiple intravitreal ganciclovir injections and intravenous foscarnet. She is currently planned for weekly intravitreal ganciclovir for RE and her LE remain asymptomatic.

CONCLUSION:

CMV retinitis in lymphoma patients may differs from HIV-associated disease, as treatment is complicated by chemotherapy-related immunosuppression, high risk of bone marrow suppression with systemic ganciclovir, and increased risk of recurrence. Careful multidisciplinary management is required to balance antiviral therapy with ongoing oncologic evaluation.

KEYWORDS:

CMV retinitis, central scotoma, Hodgkin lymphoma, immunosuppression



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 Uveitis

THE 21-YEAR LENS FRAGMENT: DELAYED REBOUND ANTERIOR CHAMBER INFLAMMATION

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BACKGROUND:

A rare case of rebound anterior chamber inflammation from decades-old retained cortical matter following cataract surgery, presenting with delayed vision loss, pain, and corneal deposits.

CASE PRESENTATION:

A 71-year-old female with hypertension, dyslipidemia and diabetic end-stage renal disease presented with acute right eye pain, redness, and vision loss (6/60), 21 years post-cataract surgery. Examination revealed mild conjunctival injection, corneal endothelial whitish deposits, and hyperreflective material on the anterior intraocular lens surface. Anterior chamber (AC) cells 2+. Anterior segment OCT confirmed an irregular endothelium with corneal thickening (668 μ m), while B-scan showed opacity posterior of lens. Diagnosed with rebound AC inflammation secondary to retained lens cortical matter, the patient was treated with topical steroids, resulting in gradual clinical resolution and corneal deposit clearance.

CONCLUSION:

Retained cortical matter can trigger severe, vision-threatening inflammation even decades after cataract surgery.

KEYWORDS:

rebound inflammation / endothelial deposits/ IOL deposits



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 Uveitis

WHITE-EYE ENDOGENOUS KLEBSIELLA PNEUMONIAE ENDOPHTHALMITIS: A HIDDEN OCULAR MANIFESTATION OF COLORECTAL SEPSIS

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BACKGROUND:

Endogenous *Klebsiella pneumoniae* endophthalmitis (EE) is commonly associated with pyogenic liver abscess. Ocular seeding from colorectal sepsis is uncommon and may present without external inflammation, creating a diagnostic challenge.

CASE REPORT:

A 58-year-old man with rectal adenocarcinoma complicated by perforation and intra-abdominal sepsis presented with sudden painless visual loss (hand movements). The eye appeared white without lid swelling. Examination showed hypopyon and dense vitritis. B-scan showed a choroidal lesion with exudative retinal detachment suggestive of abscess. Vitreous and blood cultures grew multidrug-resistant *K. pneumoniae*. He received intravitreal and systemic antibiotics. Vitrectomy was not performed due to poor systemic status. Vision deteriorated to no perception of light, and he later succumbed to complications of advanced metastatic disease and sepsis.

CONCLUSION:

White-eye EE is a diagnostic pitfall. Early recognition is essential, but prognosis remains poor in severe Gram-negative infections.

KEYWORDS:

Choroidal Abscess, Colorectal Sepsis, Endogenous Endophthalmitis

