

MSO-ASM 2019

CODE RED IN OPHTHALMOLOGY

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Email: secretariat@apaophth.org

WELCOME MESSAGE BY DEPUTY PRIME MINISTER **YAB DATO' SERI DR WAN AZIZAH DR WAN ISMAIL**

It gives me great pleasure to congratulate the Malaysian Society of Ophthalmology (MSO) on the occasion of their 10th Annual Scientific Meeting (MSO-ASM 2019) in conjunction with the 34th Malaysia-Singapore Joint Ophthalmic Congress.

As a former fellow Ophthalmologist, I was one of the members of the Malaysian Medical Association Ophthalmological Society (MMAOS) more than 20 years ago. It was a friendly society and due to the small number of Ophthalmologists in the country, we knew each other very well. As the MMAOS grew, it transformed into MSO. The MSO is recognised nationally and internationally as the society representing Ophthalmologists in Malaysia and I am pleased with their progress and activities.

In particular, I am impressed with the free diabetic retinopathy screening project run by the society over the last 5 years and the many international meetings hosted like the APACRS 2015, APVRS 2017, and the upcoming APGC 2020 and APAO 2021. All these serve to improve the standards of care of Ophthalmology in the country and also to raise its profile internationally.

Eye health is an important aspect of our overall national plan. While our public service provides good basic eye healthcare, the role of non-governmental organisations like MSO is crucial in improving the standards of the profession and in eye care. The launch of the Malaysian Journal of Ophthalmology today is one such step that can allow our researchers to share their work and encourage continuous research in the field of Ophthalmology and Visual Sciences.

I wish you a fruitful meeting and hope we can learn something new in the field of Ophthalmology to take back with us from Kuantan.



DATO' SERI DR WAN AZIZAH DR WAN ISMAIL
Deputy Prime Minister of Malaysia



WELCOME MESSAGE BY MSO PRESIDENT **DR KENNETH FONG CHOONG-SIAN**



Dear friends and colleagues,

It gives me great pleasure to welcome you all to our 10th annual scientific meeting in conjunction with the 34th Malaysia-Singapore Joint Ophthalmic Congress. This is the first time that we are having this meeting in Kuantan and special thanks must go to the local organising team led by Assoc Prof Khairidzan Mohd Kamal and Asst Prof Nurfahmi Ahmad for their hard work in making this happen. We are always delighted to welcome our Singaporean friends to Malaysia and the Singapore Society of Ophthalmology has been extremely supportive of our long standing joint meetings.

I am so pleased to announce that our very own Malaysian Journal of Ophthalmology (MyJO) will be launched at this meeting. This is a culmination of years of efforts by all of us and a special note of thanks must go to the Editor in Chief of the MyJO, Prof Liza Sharmini Ahmad Tajuddin, and her deputy Editor, Assoc Prof Norlina Mohd Ramli, for making this happen. I am certain that the launch of this peer-reviewed scientific journal will help improve the standards of research and clinical care of Ophthalmology in Malaysia.

As always, this meeting would not be possible without the support of all our sponsors. The MSO annual meeting has now become an important local meeting that regularly gets more than 500 delegates attending. Despite the challenging economic times, the MSO is so pleased with the continued support of all our sponsors (old and new) and would like to thank them for their confidence in us.

Finally, I hope that you will enjoy your time in Kuantan and are able to renew old friendships and make new friends as well as update your knowledge in emergency Ophthalmology.

DR KENNETH FONG CHOONG-SIAN
President
Malaysian Society of Ophthalmology

WELCOME MESSAGE BY ORGANISING CHAIRMAN

ASSOC PROF DR AMIR SAMSUDIN



Dear Friends and Colleagues,

On behalf of the Malaysian Society of Ophthalmology (MSO), I would like to welcome you all to the 10th Malaysian Society of Ophthalmology Annual Scientific Meeting, held in conjunction with the 34th Malaysia-Singapore Joint Ophthalmic Congress. As you may already know, these annual meetings are organised to keep our local ophthalmology practice up to international standards, by promoting Continuous Medical Education and Continuous Professional Development. Additionally the programme is structured to enable participants to meet, network and exchange expertise in their various subspecialty areas.

The theme for this meeting is “Code Red in Ophthalmology”, and the three-day programme will focus on case-based approaches for urgent problems in paediatric, neuro-ophthalmology, glaucoma, cornea, retina, oculoplastic and other ophthalmology subspecialties. We will also showcase exciting oral and poster presentations, particularly by ophthalmologists in training. Additionally, during part of this meeting, we will also have a separate session for our Allied Health colleagues. Finally, we will also launch the newly-formed Malaysian Journal of Ophthalmology.

We are extremely grateful to our esteemed guest speakers who have volunteered their time and expertise in order to enlighten us with their talks. Our partners and sponsors from the industry have contributed generously to enable us to have this annual meeting in the most comfortable setting. Finally, I would also like to thank the organising committee who have worked extremely hard to make this event happen, and run smoothly.

I hope that you will find this meeting educational, stimulating, and enjoyable. Once again, a heartfelt thank you to all the delegates, speakers, sponsors, and committee members, without all of whom none of this would be possible. Have a great meeting!

ASSOCIATE PROFESSOR DR AMIR SAMSUDIN

Organising Chairperson

The 10th Malaysian Society of Ophthalmology Annual Scientific Meeting

WELCOME MESSAGE BY SCIENTIFIC CHAIRMAN

ASSOC PROF DR KHAIRIDZAN MOHD KAMAL



It is a great honour and my pleasure to welcome all of you to the 10th MSO Annual Scientific Meeting (MSO-ASM) in conjunction with the 34th Malaysia-Singapore Joint Ophthalmic Congress (MSJOC) 2019 in Kuantan. Kuantan is the state capital of Pahang, deemed to be the gateway to the scenic East Coast of Peninsular Malaysia. For this year's annual pre-eminent meeting, I am proud that it is to be held in Kuantan for the very first time, and I do hope it will not be the last.

"Code Red in Ophthalmology" is chosen as the theme for this year's meeting as it reflects the need for Ophthalmologists across different subspecialties to share their views and knowledge on ocular emergencies. The meeting will be featuring 62 renowned local and international speakers, presenting the latest updates, strategies and approaches to emergencies in the major ophthalmic subspecialties.

Throughout the three days, 15 different sessions and courses are planned out to be delivered. This would not be possible without the cohesive cooperation from the esteemed speakers from both Malaysia and Singapore, who have agreed to participate and make time from their busy schedule to be with us.

I would like to extend my deepest appreciation to Assoc Prof Dr Shuan Dai from Australia and Assoc Prof Dr Carmen Chan Kar Mun from Hong Kong, who will be travelling to Malaysia and join us as keynote speakers as well as participating in the sessions.

For many years, the MSO-ASM and MSJOC have always been the preferred platform for ophthalmologists in training to participate in the free paper sessions and poster presentations. The overwhelming number of submitted abstracts is the proof that the meeting is certainly the avenue for knowledge sharing. The Young Ophthalmologists (YO) programme is also designed to cater to the general and specific needs of the trainees.

Special thanks to the Scientific Committee members who have worked tirelessly to ensure that this event is successful in meeting its traditional academic spirits that have always been maintained throughout its previous editions.

I would also like to express my heartfelt appreciation to Dr Kenneth Fong, Assoc Prof Dr Amir Samsudin and MSO committee members for their endless supports, contributions and assistance.

It is my sincere hope that all of us will greatly benefit from this meeting and at the same time, do enjoy Kuantan's offerings of warm local hospitality, scenic nature and scrumptious gastronomic delight. We wish that it will be a fruitful and enjoyable experience for you to be in MSO-ASM 2019 in Kuantan, Pahang.

With very best regards,

ASSOC PROF DR KHAIRIDZAN MOHD KAMAL
Chairperson, Scientific Committee
The 10th Malaysian Society of Ophthalmology Annual Scientific Meeting

CONTENT

ORGANISING COMMITTEES

2 MSO Committee Members 2017 - 2019

3 Organising Committee List

MEETING INFORMATION

6 General information for attendees

MEETING VENUE LAYOUT

8 Venue Information

SPEAKERS

9 Keynote Speakers

12 Invited Speakers

MEETING PROGRAMME

14 Scientific Programme

MSO AWARDS

19 Distinguished Service Awards

19 Service Awards

20 **FREE PAPER PRESENTATION**

27 **LIST OF POSTERS**

EXHIBITOR LISTING

35 Exhibitor Floor Plan

36 Exhibitors

38 **ACKNOWLEDGEMENTS**

ORGANISING COMMITTEES

MSO COMMITTEE MEMBERS 2017 - 2019



PRESIDENT Dr Kenneth Fong Choong-Sian

VICE PRESIDENT Dr Miswan Muiz Mahyudin

HONORARY SECRETARY Dr Manoharan Shunmugam

TREASURER Dr Lee Ming Yueh

ASSISTANT HONORARY SECRETARY Assoc Prof Dr Amir Samsudin

COMMITTEE Dr Fang Seng Kheong
Dato' Dr Mohd Johari
Dr K John Mathen
Dr Shelina Oli Mohamed

ORGANISING COMMITTEES

ORGANISING COMMITTEE LIST

ORGANISING CHAIRMAN	Assoc Prof Dr Amir Samsudin
LOCAL ORGANISING HOST	Asst Prof Dr Ahmad Nurfahmi Akhtar Ali
SCIENTIFIC CHAIRMAN	Assoc Prof Dr Khairidzan Mohd Kamal
SCIENTIFIC CO-CHAIRMAN	Dr K John Mathen
SCIENTIFIC COMMITTEE	Asst Prof Dr Ahmad Nurfahmi Akhtar Ali (Paramedics Programme) Dr Miswan Muiz Mahyudin (Young Ophthalmologists Programme) Asst Prof Dr Zulhilmi Abdul Razak (Paramedics Programme) Dr Lee Ming Yueh (Free Paper and Posters) Dr Shelina Oli Mohamed (Free Paper and Posters)
TRADE AND EXHIBITION	Assoc Prof Dr Amir Samsudin Dr Manoharan Shunmugam
PUBLICATION	Dr K John Mathen
SOCIAL PROGRAMME	Dato' Dr Mohd Johari

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References:

1. IMS2015Q4 2. Cravit approved product insert 3. Rinsho Ganka(Jpn.J.Clin.Ophthalmol)62(13):2007-2017, 2008

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MY-C05_004/2017

MEETING INFORMATION

GENERAL INFORMATION FOR ATTENDEES

NAME BADGES

Registered delegates are to wear their name badges at all times during the Meeting for identification and security purposes. Admission to all Meeting sessions and official functions are based on identification badges.

STARTING TIME FOR SESSIONS

All the sessions will begin strictly on time, following the Programme Timetable printed on the pages 14 - 17 of this book. Please be punctual if you wish to follow the session.

TEA BREAKS

Venue : Cashmere Ballroom & Cashmere Foyer,
Level 3, Sultan Ahmad Shah International
Convention Centre (SASICC)

22 March 2019 : 1000 - 1020 hrs
1600 - 1620 hrs

23 March 2019 : 1030 - 1100 hrs
1600 - 1630 hrs

24 March 2019 : 1030 - 1050 hrs

LUNCH

22 March 2019 : 1230 - 1430 hrs
Lunch will be served in The Dining Room,
Lobby Level, The Zenith Hotel.

23 March 2019 : 1300 - 1430 hrs
Lunch box can be collected at Silk
Ballroom Foyer, Level 3, Sultan Ahmad
Shah International Convention Centre
(SASICC).

Lunch Symposium on 23 March is
sponsored by Bayer Co. (Malaysia) Sdn
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INTERNET ACCESS

Free Wi-Fi is available at the Meeting area. Please obtain the Wi-Fi password from The Zenith Hotel Business Centre.

HANDPHONES

We would greatly appreciate your co-operation to switch off or place your handphones on silent mode when you are in the presentation hall.

SPEAKER READY ROOM

Speaker ready room is located at Zenith 5, Level 3, The Zenith Hotel.

CAR PARK

First 3 Hours - RM2.00

Subsequent 1 Hour or part thereof - RM1.00

Exceeding 7 Hours and more - RM6.00

Overnight Parking (more than 24 Hours) - RM20.00

For hotel guests, complimentary parking is provided. Kindly validate your parking ticket at the Concierge, The Zenith Hotel before departing.

VENUE

Sultan Ahmad Shah International Convention Centre (SASICC) & The Zenith Hotel, Kuantan
Jalan Putra Square 6, Putra Square, 25200 Kuantan, Pahang Darul Makmur, Malaysia

PRAYER ROOM

The Prayer Room is located on Level 2, Sultan Ahmad Shah International Convention Centre (SASICC).

MOSQUE (for Friday Prayer)

The nearest mosque will be Masjid Tepian Putra, which is 8 minutes walk (1km) from the venue.

SOCIAL PROGRAMME

Opening Ceremony

Date : 23 March 2019

Time : 0830 - 1030 hrs

Venue : Organza Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

Dress code : Formal

Guest of Honour: YBhg Dato' Dr Haji Bahari bin Dato' Tok
Muda Hj Awang Ngah
Director of Medical Development
Division, Ministry of Health, Malaysia

MSO-ASM 2019 Dinner

Date : 23 March 2019

Time : 1930 hrs - End

Venue : Exhibition Hall A, Level 1, Sultan Ahmad Shah International Convention Centre (SASICC)

Dress Code : Smart Casual

CPD ACCREDITATION

MALAYSIAN MEDICAL ASSOCIATION (MMA)

CPD points will be awarded to members who attend MSO-ASM 2019 accordingly:

2 Days: (23 & 24 March 2019)

Delegate	: 16 points
Speaker (free paper/short paper/poster)	: 10 points
Speaker (plenary lecture/long paper)	: 10 points
Speaker (lecture presentation)	: 5 points

How to collect the points:

- CPD attendance will be recorded via the MMA Scanner App.
- This Scanner will be available at:
Venue: Registration Counter, The Zenith 6,
Level 3, The Zenith Hotel

Scanner Opening Times:

22 March 2019 : 1100 – 1700 hrs
23 March 2019 : 1030 – 1700 hrs
24 March 2019 : 0900 – 1300 hrs

- * MMA members are required to download the MMA Event/CPD app onto their mobile phone
(please use this link: <http://onelink.to/mmaapp>).
To view/download the App user guide, please visit
<https://1drv.ms/b/s!AtchTRgjMW1aitsALGvh8xO4fFevlQ>
- ** MMA Members should log in using the same email and password used for the MMA website.
- *** Please visit Google Play or App Store and search for MMA Malaysia to download the app or scan this QR code:



MINISTRY OF HEALTH (MOH), MALAYSIA

CPD points will be awarded to members who attend MSO-ASM 2019 accordingly:

Registered Nurses / Assistant Nurses

1 Day	: 10 Points
2 Days	: 15 Points
3 Days	: 20 Points

Optometrists

1 Day	: 10 Points
3 Days	: 20 points

Assistant Medical Officers

(formerly known as Paramedics)

1 Day (5 - 8 hours)	: 3 Points
3 Days (5 - 8 hours each day)	: 20 Points

How to collect the points:

- Members are required to complete and sign the CPD Sign In Sheet at:
Venue: Registration Counter, The Zenith 6,
Level 3, The Zenith Hotel

Sign-In Opening Times:

22 March 2019 : 1100 – 1700 hrs
23 March 2019 : 1030 – 1700 hrs
24 March 2019 : 0900 – 1300 hrs

EXHIBITION OPENING HOURS

Exhibition Area is located at Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC).

22 March 2019 : 0830 – 1730 hrs
23 March 2019 : 0830 – 1730 hrs
24 March 2019 : 0830 – 1230 hrs

E-CERTIFICATE OF ATTENDANCE

E-Certificate will be emailed to all registered delegates within 1 week after the meeting.

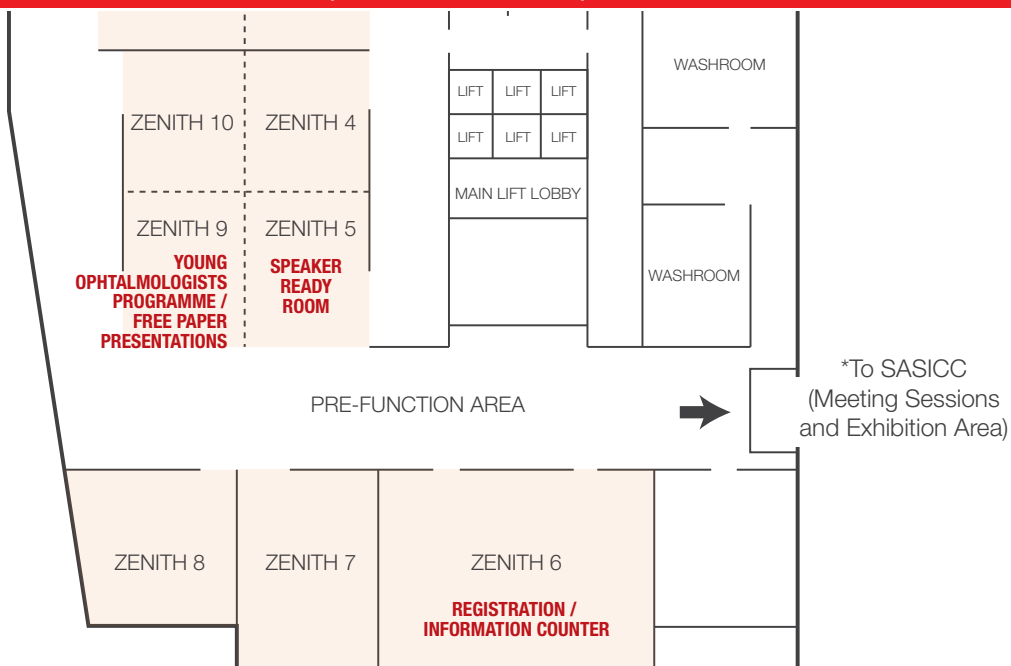
DISCLAIMER

The organisers reserve the right to make changes in the scheduled programmes in the event of unforeseen or unavoidable circumstances.

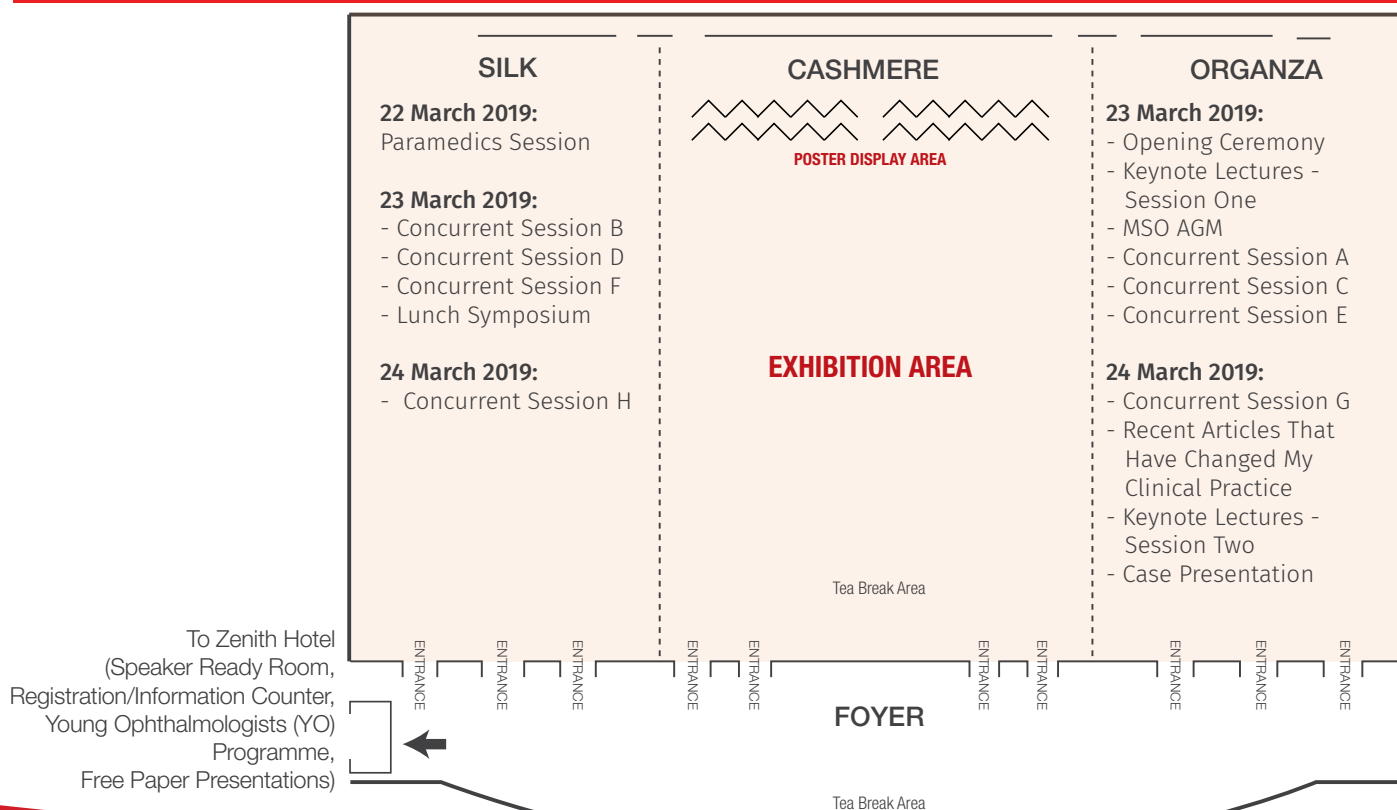
MEETING VENUE LAYOUT

VENUE INFORMATION

Level 3, The Zenith Hotel, Kuantan



Level 3, Sultan Ahmad Shah International Convention Centre (SASICC), Kuantan



SPEAKERS

KEYNOTE SPEAKERS



ASSOC PROF DR SHUAN DAI
Australia

DATE: 23 MARCH 2019

TIME: 1000 - 1015 hrs

KEYNOTE LECTURE - SESSION ONE TELEMEDICINE & AI FOR ROP CARE

Dr Shuan Dai is the director of Ophthalmology, Children's Health Queensland Hospital and Health Service and Queensland Children's Hospital in Brisbane, Australia. He is the current president of the Royal Australia & New Zealand Strabismus Society. Dr Dai specialises in Paediatric Ophthalmology & Adult Strabismus and is well known for his expertise in paediatric neuro-ophthalmology, paediatric low vision and ROP telemedicine. Shuan is actively involved in government health policy development in the area of paediatric eye care among various health professionals, as well as in clinical education and research.



ASSOC PROF DR KHAIRIDZAN MOHD KAMAL
Malaysia

DATE: 23 MARCH 2019

TIME: 1015 - 1030 hrs

KEYNOTE LECTURE - SESSION ONE PTERYGIUM: FROM BEDSIDE TO THE BENCH

Dr Khairidzan is currently the Associate Professor and Head of the Department of Ophthalmology in the Faculty of Medicine, International Islamic University Malaysia (IIUM). He is also the present Director of Cornea, External Disease and Refractive Surgery Services at IIUM Eye Specialist Clinic, Kuantan. Dr Khairidzan spent a year as an Adjunct Clinical Instructor and International Fellow in Cornea, External Disease and Refractive Surgery at the UCLA in 2008. In addition to receiving 7 awards from the IIUM for quality research, he also won the Best Poster award at the Malaysia-Singapore Ophthalmology Joint Meeting in 2009 and the recipient of the Malaysian Society of Ophthalmology Achievement Award and Asia Pacific Association of Cataract and Refractive Surgery Certified Educator Award in 2018.



ASSOC PROF DR CARMEN CHAN
Hong Kong

DATE: 24 MARCH 2019

TIME: 1050 - 1105 hrs

KEYNOTE LECTURES - SESSION TWO THE ROLE OF OPTICAL COHERENCE TOMOGRAPHY IN ACUTE NEURO-OPHTHALMIC DISEASE

Dr Chan received her medical training from the University of Cambridge and the University of London, UK. She obtained her MRCP qualification before her ophthalmology training in the UK and in Hong Kong. She received fellowship training in neuro-ophthalmology from Dr Neil Miller, Wilmer Eye Institute, US. She is currently a Consultant at the Hong Kong Eye Hospital, and Honorary Clinical Associate Professor at the Department of Ophthalmology and Visual Sciences of the Chinese University of Hong Kong. Dr Chan subspecialises in neuro-ophthalmology and uveitis.



PROF DR LIZA SHARMINI AHMAD TAJUDIN
Malaysia

DATE: 24 MARCH 2019

TIME: 1105 - 1120 hrs

KEYNOTE LECTURES - SESSION TWO PRIMARY ANGLE CLOSURE GLAUCOMA IN MALAYS; ARE THEY DIFFERENT?

Professor Dr Liza Sharmini Ahmad Tajudin is an ophthalmologist and lecturer in Universiti Sains Malaysia, Malaysia. Her main research area is clinical and molecular research on glaucoma. She has nearly 16 years of experience in conducting clinical and molecular research and has completed 16 national and university research grants. She has published nearly 100 manuscripts with almost 500 citations. Besides being the senior consultant ophthalmologist and head of service for glaucoma in Hospital Universiti Sains Malaysia, she is also a life member of Malaysian Society of Ophthalmology, Malaysia Society of Human Genetics (MSHG), Asia Pacific Glaucoma Society, College of Ophthalmologists (Malaysia), Academy of Medicine Malaysia, Asia Eye Genetic Consortium and Asia Pacific Eye Genetic Society.



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1. AcrySof® IQ UltraSert® Pre-loaded Delivery System Directions for Use. 2. Weston K, Nicholson R, Bunce C, Yang YF. An 8-year retrospective study of cataract surgery and postoperative endophthalmitis: injectable intraocular lenses may reduce the incidence of postoperative endophthalmitis. *Br J Ophthalmol*. 2015;99(10):1377-1380. 3. Mendicute J, Pablo L, Velasque L, Martinez A, Asmar J, Schweitzer C. Multicenter evaluation of time, operational and economic efficiencies of a new pre-loaded IOL delivery system vs. manual IOL delivery. Paper presented at: ASCRS-ASOA Symposium and Congress; May 5-9, 2017; Los Angeles, CA. 4-5. Alcon data on file. 6. Wang L, Wolfe P, Chernosky A, Paliwal S, Tjia K, Lane S. In vitro delivery performance assessment of a new preloaded intraocular lens delivery system. *J Cataract Refract Surg*. 2016;42(12):1814-1820. 7. Alcon data on file.

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SPEAKERS

INVITED SPEAKERS

MALAYSIA

Dr Abdul Razak Koya Kutty
Malaysia
Consultant Ophthalmologist,
Pusat Pakar Mata Abdul Razak,
Kedah

Asst Prof Dr Adzura Salam
Malaysia
Senior Consultant,
International Islamic University
Malaysia,
Pahang

Asst Prof Dr Ahmad Nurfahmi Akhtar Ali
Malaysia
Ophthalmologist,
International Islamic University
Malaysia,
Pahang

Asst Prof Dr Aidila Jesmin Jabbari
Malaysia
Consultant Vitreoretina,
International Islamic University
Malaysia,
Pahang

Dr Akmal Haliza Zamli
Malaysia
Consultant Ophthalmologist &
Oculoplastic Surgeon,
Hospital Tengku Ampuan Afzan,
Pahang

Dr Alice Goh
Malaysia
Consultant Ophthalmologist &
Oculoplastic Surgeon,
International Specialist Eye Centre,
Kuala Lumpur

Dr Aliff Irwan Cheong
Malaysia
Senior Resident,
University Malaya Medical Centre,
Kuala Lumpur

Dr Ang Ee Ling
Malaysia
Head of Department,
Consultant Vitreoretina Surgeon,
Penang Hospital,
Pulau Pinang

Assoc Prof Dr Azhany Yaakub
Malaysia
Senior Lecturer,
Universiti Sains Malaysia,
Kelantan

Dr Azlan Musa
Malaysia
Ophthalmology Lecturer,
Universiti Teknologi MARA,
Selangor

Dr Chandramalar Santhirathelagan
Malaysia
Consultant Ophthalmologist &
Corneal Surgeon,
Hospital Sg Buloh,
Selangor

Dr Fatin Hanisah Firman
Malaysia
Senior Resident,
Universiti Kebangsaan Malaysia
Medical Centre,
Selangor

Dr Gan Eng Hui
Malaysia
Ophthalmologist,
Hospital Kuala Lumpur,
Kuala Lumpur

Dr Haizul Ikhwan Murat
Malaysia
Head of Department Ophthalmology,
Hospital Sultan Haji Ahmad Shah,
Pahang

Dr Hazlita Mohd Isa
Malaysia
Consultant Ophthalmologist,
Eyecare Setapak,
Kuala Lumpur

Dr Henry Ngoo
Malaysia
Lecturer & Ophthalmologist,
Universiti Sains Malaysia,
Kelantan

Dr Ho Shu Fen
Malaysia
Consultant Ophthalmologist &
Oculoplastic Surgeon,
BP Diagnostic Centre,
Perak

Dr Jamalia Rahmat
Malaysia
Consultant Ophthalmologist,
Hospital Kuala Lumpur,
Kuala Lumpur

Dr Lee Ming Yueh
Malaysia
Consultant Ophthalmologist &
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Ramsay Sime Darby Healthcare,
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Dr Lee Seow Yeang
Malaysia
Consultant Ophthalmologist,
Optimax Eye Specialist Hospital,
Pulau Pinang

Prof Dr Lim Lik Thai
Malaysia
Professor & Head of Department
Ophthalmology,
Universiti Malaysia Sarawak (UNIMAS),
Sarawak

Prof Dr Mae Lynn Catherine Bastion
Malaysia
Professor of Ophthalmology
(Vitreoretina),
Universiti Kebangsaan Malaysia
Medical Centre,
Kuala Lumpur

Dr Manoharan Shunmugam
Malaysia
Consultant Ophthalmologist,
Pantai Hospital Kuala Lumpur,
Kuala Lumpur

Dr Mohamad Israk Mohamad Isa
Malaysia
Ophthalmologist,
Hospital Wanita dan Kanak-Kanak,
Sabah

Major (Dr) Nazihatul Fikriah Abd Halim
Malaysia
Ophthalmologist,
94 Armed Forces Hospital,
Kem Terendak,
Melaka

Dr Nor Akmal Bahari
Malaysia
Paediatric Ophthalmologist &
Strabismologist,
Hospital Kuala Lumpur,
Kuala Lumpur

Dr Norfarizal Ashikin Abdullah
Malaysia
Ophthalmologist,
Hospital Kemaman,
Terengganu

Dr Norhafizah Hamzah
Malaysia
Paediatric Ophthalmologist,
Hospital Kuala Lumpur,
Kuala Lumpur

Assoc Prof Dr Norshamsiah Md Din
Malaysia
Consultant Ophthalmologist,
Universiti Kebangsaan Malaysia
Medical Centre,
Kuala Lumpur

Assoc Prof Dr Nurliza Khaliddin
Malaysia
Consultant Ophthalmologist,
University Malaya Medical Centre,
Kuala Lumpur

Dr Ong Chin Tuan
Malaysia
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Beacon International Specialist
Centre,
Selangor

Dr Premadeva C Satkuranathan
Malaysia
Ophthalmologist,
KPJ Rawang Specialist Hospital,
Selangor

Dr Rohana Abdul Rashid
Malaysia
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Consultant Ophthalmologist,
Singapore National Eye Centre

MEETING PROGRAMME

SCIENTIFIC PROGRAMME

Pre-Meeting - 22 March 2019 (Friday)

Paramedics		Venue: Silk Ballroom
Chairpersons: Dr Fadzilah Hanim Rahim, Dr Nadhirah Ahmad Fauzi		
0730 - 0830	Registration	Venue: Zenith 6
0830 - 0850	What important medical history should paramedics take in ophthalmic emergencies pertaining to trauma cases? <i>Dr Norfarizal Ashikin Abdullah</i>	
0900 - 0920	What important medical history should paramedics take in ophthalmic emergencies pertaining to non-trauma cases? <i>Asst Prof Dr Adzura Salam</i>	
0930 - 0950	How do paramedics perform eye screening in emergency settings? <i>Dr Haizul Ikhwan Murat</i>	
1000 - 1020	Tea Break	Venue: Cashmere Ballroom & Cashmere Foyer
1030 - 1050	When is an acute red eye case considered an ocular emergency? <i>Major (Dr) Nazihatul Fikriah Abd Halim</i>	
1100 - 1120	What should paramedics do when a patient complains of sudden vision loss? <i>Dr Rohana Abdul Rashid</i>	
1130 - 1150	How to handle patients presenting with severe eye pain? <i>Dr Tan Chai Keong</i>	
1200 - 1220	What is important for paramedics to know when examining the pupil? <i>Asst Prof Dr Aidila Jesmin Jabbari</i>	
	Clinical skills transfer programme via video series	
1230 - 1430	Lunch	Venue: The Dining Room, Lobby Level
1430 - 1450	Proper way of administering eye drops and eye ointments <i>Asst Prof Dr Zulhilmil Abdul Razak</i>	
1500 - 1520	Eye irrigation for chemical injuries <i>Major (Dr) Nazihatul Fikriah Abd Halim</i>	
1530 - 1550	The right way to apply light eye patches and pressure eye patches <i>Dr Mohamad Israk Mohamad Isa</i>	
1600 - 1620	The right way to apply eye shields <i>Dr Mohamad Israk Mohamad Isa</i>	
1630 - 1650	Gentle method to evert the eyelids <i>Asst Prof Dr Ahmad Nurfaahmi Akhtar Ali</i>	
1700 - 1720	Proper way to perform lid hygiene <i>Asst Prof Dr Ahmad Nurfaahmi Akhtar Ali</i>	

Pre-Meeting - 22 March 2019 (Friday)

Free Paper and YO Programme		Venue: Zenith 9
1430 - 1600	Free Paper Sessions <i>Asst Prof Dr Aidila Jesmin Jabbari, Dr Wong Chee Wai</i>	
1600 - 1620	Tea Break	Venue: Cashmere Ballroom & Cashmere Foyer
1620 - 1720	Young Ophthalmologists (YO) Programme Chairpersons: Dr Miswan Muiz Mahyudin, Dr Wong Chee Wai <i>Dr Aliff Irwan Cheong, Dr Azlan Musa, Dr Fatin Hanisah Firman, Dr Henry Ngoo, Dr Katherine Lun, Dr Nicola Gan, Dr Stephanie Young, Dr Wong Chee Wai</i>	

Day 1 Meeting - 23 March 2019 (Saturday)

0730 - 0830	Registration		Venue: Zenith 6
0830 - 1000	OPENING CEREMONY AND WELCOMING SPEECH		Venue: Organza Ballroom
	<p>Assoc Prof Dr Amir Samsudin Organising Chairman, MSO-ASM 2019</p> <p>Dr Victor Koh Representative of Singapore Society of Ophthalmology</p> <p>Dr Kenneth Fong Choong-Sian President, Malaysian Society of Ophthalmology (MSO)</p> <p>Guest of Honor YBhg Dato’ Dr Haji Bahari bin Dato’ Tok Muda Hj Awang Ngah Director of Medical Development Division, Ministry of Health, Malaysia</p> <p>Malaysian Journal of Ophthalmology (MyJO) Launch</p> <p>MSO Distinguished Service Awards</p>		
1000 - 1030	Keynote Lectures – Session One Chairperson: Dr Chin Pik Kee		
	Telemedicine & AI for ROP Care Assoc Prof Dr Shuan Dai Pterygium: From bedside to the bench Assoc Prof Dr Khairidzan Mohd Kamal		
1030 - 1100	Tea Break		Venue: Cashmere Ballroom & Cashmere Foyer
1100 - 1200	CONCURRENT SESSION A Venue: Organza Ballroom	CONCURRENT SESSION B Venue: Silk Ballroom	
	<p>Code Red in Paediatric Ophthalmology Chairpersons: Dr Jamalia Rahmat, Dr Chin Pik Kee</p> <p>How do I diagnose and treat corneal abrasions in paediatric patients? Dr Premadeva C Satkurunathan</p> <p>A child presents with acute esotropia. How should we work up the case? Dr Safnaz Mohd Khialdin</p> <p>What is my approach in dealing with kids with white pupils? Dr Norhafizah Hamzah</p> <p>How do i know which children presenting with acute red eyes are emergency cases? How do we manage them in clinic? Dr Sunder Ramasamy</p> <p>A mother complains that her child has sudden loss of vision. How do we deal with this urgent complaint? Assoc Prof Dr Nurliza Khaliddin</p> <p>A mother requests urgent transfer of care for her ROP child. What should the receiving Ophthalmologist prepare before accepting the case? Dr Nor Akmal Bahari</p>	<p>Code Red in Neuro-Ophthalmology Chairpersons: Prof Dr Wan Hazabbah Wan Hitam, Assoc Prof Dr Clement Tan Woon Teck</p> <p>Papilloedema - a systematic approach Assoc Prof Dr Carmen Chan</p> <p>Typical and atypical optic neuritis – the differences Assoc Prof Dr Clement Tan Woon Teck</p> <p>AAION vs NA-AION Prof Dr Wan Hazabbah Wan Hitam</p> <p>Headache and visual symptoms – the dilemma Assoc Prof Dr Carmen Chan</p> <p>Approach to pupil abnormality Assoc Prof Dr Clement Tan Woon Teck</p> <p>Visual field defect – things to consider Prof Dr Wan Hazabbah Wan Hitam</p>	

Day 1 Meeting - 23 March 2019 (Saturday)

1200 - 1300	CONCURRENT SESSION C <small>Venue: Organza Ballroom</small> Code Red in Glaucoma <i>Chairpersons: Dr Lee Ming Yueh, Dr Victor Koh</i> <p>IOP spike post trauma <i>Dr Gan Eng Hui</i></p> <p>Acute angle closure crisis <i>Dr Lee Ming Yueh</i></p> <p>Rubeotic Glaucoma - is it so hopeless? <i>Assoc Prof Dr Azhany Yaakub</i></p> <p>High IOP post cataract surgery - causes and management <i>Assoc Prof Dr Norshamsiah Md Din</i></p> <p>IOP and filtering surgery <i>Datin Dr Thayanithi a/p Sandragasu</i></p> <p>Red alert: under pressure <i>Dr Victor Koh</i></p>	CONCURRENT SESSION D <small>Venue: Silk Ballroom</small> Code Red in Cornea and External Disease <i>Chairpersons: Dr K John Mathen, Dr Jean Chai Shu Ming</i> <p>Patient with recurrent erosion syndrome presented with painful teary eye. What surgical options do I have? <i>Dr Sujaya Singh</i></p> <p>Patient with rheumatoid arthritis presented with red, painful eye and stromal melt at the limbus. How should I treat her? <i>Dr Rohanah Alias</i></p> <p>Patient came with sectorial conjunctival redness and pain in one eye. How should I manage her scleritis? <i>Dr Rosilah Mohamad</i></p> <p>Young kid presented with severe VKC and large corneal ulcer. How do I manage this? <i>Dr Chandramalar Santhirathelagan</i></p> <p>Young adult with acne issues came with inflamed lid margin, diffuse PEE and corneal vascularization. What are my therapeutic options? <i>Dr Shamala Retnasabapathy</i></p> <p>Corneal Infection : Asian Perspective <i>Dr Jean Chai Shu Ming</i></p>
	Lunch Symposium - Bayer Co. (Malaysia) Sdn Bhd <small>Venue: Silk Ballroom</small>	
1300 - 1430	MSO AGM <small>Venue: Organza Ballroom</small>	
1430 - 1600	Tea Break <small>Venue: Cashmere Ballroom & Cashmere Foyer</small>	
1600 - 1630	CONCURRENT SESSION E <small>Venue: Organza Ballroom</small>	
1630 - 1730	Masterclass in Paediatric Ophthalmology <i>Chairperson: Dr Sunder Ramasamy</i> <p>Paradigm shift in amblyopia treatment <i>Assoc Prof Dr Shuan Dai</i></p> <p>Neurological strabismus - approach & management <i>Assoc Prof Dr Shuan Dai</i></p> <p>Clinical approach to nystagmus diagnosis & surgery <i>Assoc Prof Dr Shuan Dai</i></p> <p>Q&A</p>	CONCURRENT SESSION F <small>Venue: Silk Ballroom</small> Masterclass in Neuro-Ophthalmology <i>Chairperson: Prof Dr Wan Hazabbah Wan Hitam</i> <i>Panelists: Assoc Prof Dr Carmen Chan, Assoc Prof Dr Clement Tan Woon Teck</i> <p>Case presentation – 1 Panel Discussion</p> <p>Case presentation – 2 Panel Discussion</p> <p>Case presentation – 3 Panel Discussion</p> <p>Case presentation – 4 Panel Discussion</p>
1630 - 1645		
1645 - 1700		
1700 - 1715		
1715 - 1730		
1930	 MSO-ASM 2019 Dinner <i>(Featuring Stand-Up Comedian Dr Jason Leong)</i> MSO Service Awards Free Paper and Poster Awards <small>Venue: Exhibition Hall A, Level 1, Sultan Ahmad Shah International Convention Centre (SASICC)</small>	

Day 2 Meeting - 24 March 2019 (Sunday)

0830 - 0930	CONCURRENT SESSION G Venue: Organza Ballroom	CONCURRENT SESSION H Venue: Silk Ballroom
	Code Red in Retina and Uveitis <i>Chairpersons: Dr Tara George, Dr Anna Tan</i> <p>Patient presented with unilateral severe anterior uveitis with hypopyon. What are the next steps to be taken? <i>Dr Tara George</i></p> <p>Patient complained of floaters and blurring of vision. How do I know this is intermediate uveitis and how should I manage this patient? <i>Dr Hazlita Mohd Isa</i></p> <p>How should I approach a patient with posterior/panuveitis with multifocal lesions in the fundus? <i>Dr Shelina Oli Mohamed</i></p> <p>I see a patient with shaken baby syndrome, what should I do? <i>Dr Jamalita Rahmat</i></p> <p>What lesions in the fellow eye of a patient with retinal detachment require treatment? <i>Dr Manoharan Shunmugam</i></p> <p>OCT diagnosis not to be missed <i>Dr Anna Tan</i></p>	Code Red in Oculoplasty <i>Chairpersons: Dr Alice Goh, Dr Sunny Shen</i> <p>When and how should I plan for surgical intervention in active dacryocystitis? <i>Dr Ong Chin Tuan</i></p> <p>What is the best approach to orbital inflammatory syndrome? <i>Dr Zurina Zainal Abidin</i></p> <p>A) Pitfalls in the management of eyelid and orbital trauma B) Orbital Cellulitis - when to refer? <i>Dr Ho Shu Fen</i></p> <p>Sight threatening vascular orbital emergencies - Tips and Pearls on management <i>Dr Vanessa Naseem</i></p> <p>Blindness following dermal filler injections - How to manage and latest updates <i>Dr Alice Goh</i></p> <p>Thyroid eye disease - Speed of stepping up <i>Dr Sunny Shen</i></p>
0930 - 1030	Recent articles that have changed my clinical practice <i>Chairpersons: Assoc Prof Dr Amir Samsudin, Dr Sunny Shen</i> Cornea <i>Asst Prof Dr Ahmad Nurfahmi Akhtar Ali</i> Oculoplastic <i>Dr Sunny Shen</i> Retina <i>Prof Dr Mae Lynn Catherine Bastion</i> Ocular Surgery <i>Prof Dr Lim Lik Thai</i> Glaucoma <i>Prof Dr Liza Sharmini Ahmad Tajudin</i> Comprehensive <i>Dr Abdul Razak Koya Kutty</i>	
1030 - 1050	Tea break Venue: Cashmere Ballroom & Cashmere Foyer	
1050 - 1120	Keynote Lectures – Session Two <i>Chairperson: Asst Prof Dr Ahmad Nurfahmi Akhtar Ali</i> <p>The role of optical coherence tomography in acute neuro-ophthalmic disease <i>Assoc Prof Dr Carmen Chan</i></p> <p>Primary angle closure glaucoma in Malays; are they different? <i>Prof Dr Liza Sharmini Ahmad Tajudin</i></p>	
1120 - 1220	Case presentations <i>Chairpersons: Dr Shelina Oli Mohammed, Dr Allan Fong</i> Oculoplastic <i>Dr Akmal Haliza Zamli</i> Cornea <i>Assoc Prof Dr Khairidzan Mohd Kamal</i> Paediatric <i>Dr Shuaibah Abd Ghani</i> Retina <i>Dr Ang Ee Ling</i> Refractive <i>Dr Lee Seow Yeang</i>	
1230 - 1330	Update from Academy of Medicine - MMC CPD point and grading system <i>Prof Dr Mae Lynn Catherine Bastion</i> Q&A Venue: Organza Ballroom	



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MSO AWARDS

The MSO presents its outstanding members with the MSO Distinguished Service Awards and the Service Awards. The achievement awards seek to recognise MSO members who have sacrificed their time and efforts to contribute to the Society or community. This includes being on scientific or organising committees of our annual and conjoint meetings with Singapore, regularly speaking at and chairing sessions at these conferences and any outstanding service or charitable activities undertaken for patients or the community.

The MSO would like to thank all the candidates for their dedication, contribution and excellence in the field and hope that together, we can bring this specialty to greater heights.

DISTINGUISHED SERVICE AWARDS



Prof Dr Abdul Mutalib Othman



Dr Shamala Retnasabapathy

SERVICE AWARDS



Dr Manoharan Shunmugam



Dr Ong Chin Tuan



Dr Alice Goh Siew Ching



Dr Wong Hon Seng



Assoc Prof Dr Amir Samsudin



Dr Tiong Tung Hui



Dr Kursiah Mohd Razali



Dr Dennis Kong Ket Ming

FREE PAPER PRESENTATION

No	Abstract ID	Presentation Time	Presenter Name	Organisation	Paper title
Date: 22 March 2019		Time: 1430 - 1600 hrs			Venue: Zenith 9, Level 3, Zenith Hotel
1	11	1430 - 1439 hrs	Mohd Ilham Bin Ismail	Department Of Ophthalmology, Hospital Universiti Sains Malaysia	Evaluation of macular and retinal nerve fibre layer thickness in children with type 1 diabetes mellitus
2	54	1439 - 1448 hrs	Norhayaty Bt Samsudin	Hospital Raja Perempuan Zainab II	A comparative study on the level of aqueous humour transforming growth factor-beta (TGF- β) in primary glaucoma
3	55	1448 - 1457 hrs	Val Phua Jun Rong	Singapore National Eye Centre	Retinopathy and risk of cardiovascular disease in asian adults with and without diabetes
4	121	1457 - 1506 hrs	Sarah Murniati Binti Che Mat Nor	Universiti Sains Malaysia	Evaluation of spontaneous retinal venous pulsation in malay patients with primary glaucoma
5	126	1506 - 1515 hrs	Nazaryna Marzuki	International Islamic University Malaysia	Evaluation of four calculators in determining surgically induced astigmatism values
6	130	1515 - 1524 hrs	Md Muziman Syah Md Mustafa	International Islamic University Malaysia	Comparison between predicted and actual surgically induced astigmatism (SIA) on the toric IOL calculation outcome using two toric intraocular lens (IOL) calculators
7	138	1524 - 1533 hrs	Goh Ee Pian	Hospital Kuala Lumpur	The clinical profile of optic neuritis with interethnic comparison
8	142	1533 - 1542 hrs	Muhammad Firdhaus Bin Zainudin	Hospital Tuanku Ampuan Najihah	Comparison of central corneal thickness & intraocular pressure between pre-menopause and post-menopause women with no dry eyes
9	144	1542 - 1551 hrs	Nur Hafizah Binti Maffar	Ophthalmology Department, Hospital Tuanku Ampuan Najihah	The association between visual field reliability indices and cognitive impairment in glaucoma
10	153	1551 - 1600 hrs	Murshidah Binti Hassan Basri	Universiti Kebangsaan Malaysia Medical Centre	Demographic comparison of patients undergoing retinal surgery between 2 referral centres: Indirect comparison between developed and developing country

Date: 22 March 2019

Time: 1430 - 1439 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 11 EVALUATION OF MACULAR AND RETINAL NERVE FIBRE LAYER THICKNESS IN CHILDREN WITH TYPE 1 DIABETES MELLITUS

Dr Mohd Ilham Ismail, Prof Dr Shatriah Ismail, Dr Suhaimi Hussain, Dr Evelyn Tai Li Min

Department of Ophthalmology, Hospital Universiti Sains Malaysia

Objective: The purpose of this study is to evaluate the macular and retinal nerve fibre layer (RNFL) parameters among children with Type 1 Diabetes Mellitus (T1DM) and compare with healthy controls in Hospital Universiti Sains Malaysia.

Method: This comparative cross-sectional study enrolled 41 paediatric patients with T1DM and 80 age-matched control subjects. Demographic information, clinical manifestation, visual acuity, duration of diabetes, blood pressure and body mass index (BMI) were documented. Glycosylated haemoglobin (HbA1c) levels, renal function and lipid level were collected from patient's recent blood reports. Macular and peripapillary RNFL thickness measurement obtained by spectral-domain optical coherence tomography (SD-OCT) were compared. Independent t-test for comparison of the group parameters and linear regression analyses were performed with SPSS statistical software 24.0 (SPSS Inc., Chicago, IL, USA).

Results: Children with Type 1 Diabetes Mellitus showed significantly thinner in the mean values of average macula, superior outer macula, nasal outer macula, mean RNFL and inferior RNFL compared to controls ($p < 0.05$). Additionally, presence of renal impairment and hyperlipidaemia were significantly associated with thinning of RNFL.

Conclusion: Thinning of the average macula and mean RNFL in children with T1DM support the theory of neuro-degenerative changes in the absence of clinically detectable retinal vasculopathy. SD-OCT might be considered for early detection of diabetic retinopathy in children.

Date: 22 March 2019

Time: 1439 - 1448 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 54 A COMPARATIVE STUDY ON THE LEVEL OF AQUEOUS HUMOUR TRANSFORMING GROWTH FACTOR-BETA (TGF- β) IN PRIMARY GLAUCOMA

Norhayaty Samsudin, Liza Sharmini Ahmad Tajudin, Che Maraina Che Hussin, Azriani Abdul Rahman, Siti Azrin Ab Hamid, Azhany Yaakub

Hospital Raja Perempuan Zainab II

Objective: To compare the transforming growth factor-beta (TGF- β) level in aqueous humour of primary glaucoma patients and controls.

Method: A cross-sectional study was conducted involving 63 patients (32 primary glaucoma and 32 controls). Aqueous humour samples (75-100 μ l) were prospectively collected at the beginning of surgery from 32 eyes of primary glaucoma patients (16 POAG and 16 PACG) and 31 eyes of control subjects that underwent cataract operation and trabeculectomy surgery between November 2013 and February 2017. The concentration of TGF- β levels was measured by using enzyme-linked immunosorbent assay test.

Results: The median concentration (interquartile range (IQR)) of TGF- β in the aqueous humour of eyes with POAG was 2587.50 ± 3068.49 pg/ml and 1787.40 ± 1650.37 pg/ml in PACG. Median levels of TGF- β were observed to be significantly higher both in the POAG group and PACG group compared to controls ($p = 0.004$ and $p = 0.015$). But there was no significant difference between POAG and PACG patients ($p = 0.300$).

Conclusion: The aqueous humour TGF- β level was significantly higher in eyes with primary glaucoma compared to control. TGF- β level may play a role in pathogenesis of primary glaucoma.

Date: 22 March 2019

Time: 1448 - 1457 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 55 RETINOPATHY AND RISK OF CARDIOVASCULAR DISEASE IN ASIAN ADULTS WITH AND WITHOUT DIABETES

Val Phua

Singapore National Eye Centre

Objective: To examine the relation of retinopathy signs to risk of cardiovascular disease (CVD) in a multi-ethnic Asian population with and without diabetes.

Method: We conducted a 6-year population-based cohort study of 6,077 Asian ethnic participants (Chinese, Malays and Indians), aged 40 years or older, residing in the general communities of Singapore, with no history of CVD at baseline. Baseline retinopathy signs were ascertained from retinal photographs according to the modified Airlie House Classification at baseline examination. Incident CVD was defined based on self-reported myocardial infarction, angina pectoris or stroke ascertained from standardized questionnaire obtained at the 6-year follow-up examination.

Results: Over the 6 years of follow-up, there were 240 incident CVD. Participants with retinopathy signs were more likely to have developed a CVD than those without retinopathy (9.0% vs. 3.4%; $p < 0.001$). In participants with diabetes, after multivariate adjustment, the association with CVD (Relative Risk [RR] 1.64; 95% Confidence Interval [CI]: 1.02, 2.63) and stroke (RR 3.10; 95% CI: 1.54, 6.23) remained statistically significant (P : 0.041 and 0.002 respectively) but not with myocardial infarction (MI) (P : 0.79). In these participants, DME was found to be associated with incident CVD (RR 3.31; 95% CI: 1.63, 6.72; P : 0.001), stroke (RR 4.28; 95% CI: 1.39, 13.17; P : 0.011) and myocardial infarction (RR 3.71; 95% CI: 1.51, 9.08; P : 0.004).

Conclusion: Independent of conventional cardiovascular risk factors, Asian participants in our study with signs of diabetic retinopathy had about 64% higher risk of developing CVD over a 6-year period.

Date: 22 March 2019

Time: 1457 - 1506 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 121 EVALUATION OF SPONTANEOUS RETINAL VENOUS PULSATION IN MALAY PATIENTS WITH PRIMARY GLAUCOMA

Sarah Murniati Che Mat Nor, Sylves Patrick, Rasdi Abdul Rashid, Chan Hui Tze, Liza Sharmini Ahmad Tajudin

Universiti Sains Malaysia

Objective: To determine the association between spontaneous retinal venous pulsation (SRVP) and primary glaucoma in Malays.

Method: A comparative cross-sectional study was conducted between March 2015 and February 2017 involving Malay patients with primary glaucoma and control subjects in Hospital Universiti Sains Malaysia. Patients with confirmed cases of primary open angle glaucoma (POAG) and primary angle closure glaucoma (PACG) were included. SRVP was assessed using the confocal scanning laser ophthalmoscope (Spectralis HRA). Severity of glaucoma was based on modified Advanced Glaucoma Intervention Study (AGIS) scoring system. Other predictors such as age, gender, systemic disease, blood pressure and pulse rate were also documented. Pearson chi-square test and Kruskal Wallis analyses were used. Pearson correlation was used to determine the correlation between rate of SRVP and glaucoma.

Results: A total of 103 patients (52 primary glaucoma patients and 51 control subjects) were recruited. Based on AGIS scoring; 24 mild, 9 moderate and 19 severe. Primary glaucoma patients were significantly older with higher number of men. There was statistically significant difference in the presence SRVP between primary glaucoma patients (46.2%) and control (74.5%) ($p = 0.005$). However, there was no significant difference in the median rate of SRVP between primary glaucoma and controls ($p = 0.799$). There was no significant association between SRVP and severity of glaucoma.

Conclusion: Absent SRVP may be a potential predictive factor for primary glaucoma. But rate of SRVP is not a predictor for severity of glaucoma.

Date: 22 March 2019

Time: 1506 - 1515 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 126 **EVALUATION OF FOUR CALCULATORS IN DETERMINING SURGICALLY INDUCED ASTIGMATISM VALUES**
Nazaryna Binti Marzuki, Md Muziman Syah Md Mustafa, Khairidzan Mohd Kamal, Noorhazayti Ab. Halim

International Islamic University Malaysia

Objective: To compare the surgically induced astigmatism (SIA) values and the analysis report of four different SIA calculators.

Method: In this retrospective study, surgical data, preoperative and postoperative K-readings of 80 eyes (n = 72 subjects) that undergone uneventful phacoemulsification surgery were analysed. Four available online SIA calculators were used to determine SIA values. Two of the calculators; SIA calculator (SIAC) and SIA calculator version 2.1 (SIA2.1) adopted Holladay method of vector analysis, while the other two calculators namely Ophthalmology Calculator Version 6.0 (OC6.0) and VECTrAK™ Vector calculator version 2.4.2 (VVA) employed Alpins method of vector analysis. The mean individual SIA values and analysis reports of each calculator were compared.

Results: There were no significant differences in mean SIA between the calculators ($P > 0.05$). The 95% limit of agreement between calculators ranged from -0.006 to 0.005 D. The OC6.0 and VVA provided various indexes which came with suggestions of astigmatic correction, but did not produce aggregate SIA analysis. On the other hand, the SIAC and SIA2.1 provided aggregate SIA analysis which was reported as centroid value. The SIAC also produced subset SIA analysis that allows SIA evaluation according to specific clinical condition.

Conclusion: All calculators are comparable in determining SIA value. Each calculator provides different analysis report that can be suited to particular clinical or research requirements. Therefore, surgeon can utilize any of these calculators to determine their actual SIA according to individual preferences and clinical application.

Date: 22 March 2019

Time: 1515 - 1524 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 130 **COMPARISON BETWEEN PREDICTED AND ACTUAL SURGICALLY INDUCED ASTIGMATISM (SIA) ON THE TORIC IOL CALCULATION OUTCOME USING TWO TORIC INTRAOCULAR LENS (IOL) CALCULATORS**
Md Muziman Syah Md Mustafa, Nazaryna Marzuki, Khairidzan Mohd Kamal, Noorhazayti Ab. Halim

International Islamic University Malaysia

Objective: To compare surgeon's predicted SIA and actual SIA values, and its effect on toric IOL selection using two toric IOL calculators.

Method: Predicted SIA values of four surgeons (Surgeon A, B, C and D) from single public institution were retrieved from medical records. The actual SIA values for each surgeon were determined by SIA calculator version 2.1 (SIA2.1) and were compared with predicted SIA using one sample t-test. Using the two SIA values, toric IOL calculation was then determined using ZCalc Calculator (ZCalc) and Barrett Toric Calculator (BTCalc). The results were analysed by the selection of toric IOLs, IOL toricity difference and spherical equivalent difference.

Results: Eighty subjects for SIA calculation and 50 patients for toric IOL calculation were recruited. All surgeons predicted their SIA to be 0.50D, except for Surgeon C. However, only 50% of the actual SIA were closed to the predicted SIA values. Surgeon C and D had statistically significant SIA prediction error of 0.31D and -0.44D respectively. Both of the surgeons were found to have 85% difference in toric IOL selection. Underestimation of actual SIA has resulted in higher toricity IOL selection. BTCalc revealed a higher percentage of matched IOL selection compared to ZCalc for all surgeons when the two SIA values were applied.

Conclusion: There were discrepancies between predicted SIA and actual SIA values. Nominal SIA prediction error of less than 0.50D has significant effect on toric IOL selection. Therefore, surgeons should consider calculating their actual SIA for toric IOL implantation.

Date: 22 March 2019

Time: 1524 - 1533 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 138 THE CLINICAL PROFILE OF OPTIC NEURITIS WITH INTERETHNIC COMPARISON

Dr Goh Ee Pian, Dr Variant, Dr Nurul'ain Binti Masnon, Dr Lakana Kumar A/L Thavaratnam, Dr Shanthi Viswanathan, Associate Professor Dr Tajunisah Begam

Hospital Kuala Lumpur Ophthalmology

Objective: To study the differences in demographic and clinical profile of optic neuritis between interethnic groups in Hospital Kuala Lumpur

Method: Retrospective Cross-sectional Study of Consecutive Patients with Longitudinal Follow-up between May 2015 to January 2019 in neuro-ophthalmology clinic Hospital Kuala Lumpur.

Results:

- Among 112 patients with clinical features of optic neuritis, 44 (39.2%) had typical ON presentation while 68 (60.8%) patients presented with atypical ON.
- Patients with typical ON presentation included 21 patients diagnosed with MS and 23 patients with CIS.
- As for the atypical ON patients, 41 were diagnosed as NMOSD, 15 were infectious, 6 were parainfectious, 3 were CRION and 3 were ADEM.
- Demographically, 81 (72.3%) were male while 31 (27.7%) were female. Majority were Malay 73 (65.2%), followed by Chinese 24 (21.4%) and Indian 15 (13.4%).
- The main cause of ON was NMOSD, (36.6%) and it appeared to be the highest among all the 3 races studied. This is followed by CIS (20.5%), MS (18.8%), infectious (13.4%), parainfectious (5.4%), CRION (2.7%), ADEM (1.8%) and anti-MOG (0.9%).
- NMOSD and MS mostly presented within the atypical ON age group of 15 to 49. CIS appears to have a bimodal distribution between ages 15 and 49 and below the age of 15.

Conclusion:

- NMOSD appeared to be a commoner cause of ON compared to MS even among all the 3 races studied.
- It has a tendency of presenting within the typical ON age group.
- Anti-MOG ON appears to be present within our study population.
- A larger population-based study is recommended to verify this.

Date: 22 March 2019

Time: 1533 - 1542 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 142 **COMPARISON OF CENTRAL CORNEAL THICKNESS & INTRAOCULAR PRESSURE BETWEEN PRE-MENOPAUSE AND POST-MENOPAUSE WOMEN WITH NO DRY EYES**

Muhammad Firdhaus Zainudin, Dr Premala, Dr Zakwan Ilias, Dr Puspha Raman, Dr Khairulhusnaini Mohd Khalid

Ophthalmology Department, Hospital Tuanku Ampuan Najihah

Objective: Presence of female reproductive hormone receptors in human corneas has been proved to influence the biological function of corneal tissue and intraocular pressure (IOP). The objective of this study is to compare the mean central corneal thickness (CCT) and IOP between pre-menopausal and post-menopausal women.

Method: A total of 90 eyes of 50 pre-menopausal and 40 post-menopausal women underwent CCT measurement using optical method by ZEISS IOL Master 700. Participants of both groups met the inclusion and exclusion criteria, had no ocular co-morbidity and no dry eyes. Statistical analysis was performed using analysis of covariance ANCOVA with SPSS version 23.

Results: The mean age in pre-menopause women is 36.6 years and post menopause is 53.5years. There's a significant difference in age between the two groups ($p < 0.001$). The mean CCT in pre-menopause women is 536.8 μ m and post menopause women is 530.8 μ m. After adjusting for age, there's a significant difference in the mean central corneal thickness between the two groups with pre-menopausal women having thicker central corneal thickness than post-menopausal women ($p = 0.018$). The mean IOP in pre-menopause women is 14.4mmHg and post-menopause women is 15.9mmHg. After age adjustment, there is marginally no significant difference in the mean IOP between pre-menopause and post-menopause women ($p = 0.051$).

Conclusion: In post-menopausal women with no dry eyes, the absence of vital female reproductive hormones did affect the CCT but not the IOP. In view of marginal insignificance in the IOP between two groups, a larger sample size might provide a clear difference of IOP between pre-menopause and post-menopause women.

Date: 22 March 2019

Time: 1542 - 1551 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 144 THE ASSOCIATION BETWEEN VISUAL FIELD RELIABILITY INDICES AND COGNITIVE IMPAIRMENT IN GLAUCOMA

Nur Hafizah binti Maffar, Yeap Khy Ching, Puspha Raman, Premala Devi Sivagurunathan, Khairul Husnaini Mohd. Khalid

Ophthalmology Department, Hospital Tuanku Ampuan Najihah

Objective: Cognitive impairment (CI) associated with aging can impair the ability of individuals to perform the visual field test and compromise the reliability of the results. We aim to evaluate the association between global neurocognitive impairment and visual field reliability indices in glaucoma patients.

Method: This prospective, cross-sectional study was conducted at the Ophthalmology Department, Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan. The study included 62 eyes of 34 glaucoma patients with no diagnoses of dementia. Patients were monitored with Humphrey visual field analyser using 24-2 strategy and CI was assessed using the clock drawing test (CDT). The relationship between the CDT score, fixation loss (FL), false positive (FP), and false negative (FN) percentages were analyzed using the linear regression model, adjusted for age.

Results: A high prevalence of cognitive impairment was observed in the glaucoma patient aged more than 65 years old. There was a statistically significant negative association between CDT score and glaucoma severity (spearman's correlation, $p=0.019$). In a multivariate model adjusted for age and glaucoma severity, each one-point decline in CDT score associated with an increase of 5% in FN ($\beta=-0.05$, 95% CI, -0.09 to -0.02; $P=0.04$). There was no significant relationship seen between CDT score and FL or FP values.

Conclusion: Cognitive decline was associated with reduced visual field reliability during follow-up, especially with increased FN values. These findings suggest that screening and monitoring of cognitive impairment may be important in the assessment of visual field progression in glaucoma patients.

Date: 22 March 2019

Time: 1551 - 1600 hrs

Venue: Zenith 9, Level 3, Zenith Hotel

Abstract ID 153 DEMOGRAPHIC COMPARISON OF PATIENTS UNDERGOING RETINAL SURGERY BETWEEN 2 REFERRAL CENTRES: INDIRECT COMPARISON BETWEEN DEVELOPED AND DEVELOPING COUNTRY

Murshidah Bt Hassan Basri, Dr Mushawiahti Bt Mustapha, Assoc. Prof Dr Jemaima Bt Che Hamzah

Universiti Kebangsaan Malaysia Medical Centre

Objective: To compare demographic distribution of patients undergoing retinal surgery between Melbourne, Australia and Kuala Lumpur, Malaysia.

Method: Retrospective analysis of surgical data of patients underwent retinal surgery performed by a single surgeon.

Results: Based on the data analyzed in HUKM, Kuala Lumpur (KL), about 396 cases underwent retinal surgery by a single surgeon (2014-2017) and about 408 cases by the same surgeon in RVEEH, Melbourne, Australia (2012-2013). In KL, the most common indication for vitrectomy was rhegmatogenous retinal detachment (29%). This was comparable to surgery performed in Melbourne (30%). Diabetic related complications remained the second most common indication for vitrectomy for both KL and Melbourne. However, cases in Kuala Lumpur were mainly of more severe form of disease, tractional retinal detachment (TRD) 18% whereas in Melbourne, TRD were only 4% of their cases. Dropped IOL accounts for 6% in Kuala Lumpur compared to Melbourne 2.2%. Endophthalmitis (both exogenous and endogenous) accounts for 2% of cases in KL compared to 0.98% in Melbourne. Macular diseases were more or less the same between these two hospitals, 16% of cases in Melbourne and 14% of cases in KL.

Conclusion: Generally the distributions of cases were almost the same between these 2 centres. However, in terms of spectrum of disease, centre in Kuala Lumpur received more severe form of cases.

LIST OF POSTERS

Poster Board Number

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

1. **Bilateral chronic endogenous fungal endophthalmitis: The challenges**
Dian Nadia Abu Talib, Yong MengHsien, JemaimaChe-Hamzah, Mae-Lynn Catherine Bastion, Universiti Kebangsaan Malaysia Medical Centre
2. **Ocular tuberculosis in a patient with partially treated pulmonary tuberculosis**
Tan Ciu Wei, Pei Fang Neoh,
Department of Ophthalmology, Hospital Enche' Besar Hajjah Khalsom
3. **Isolated abducens (SIXTH) nerve palsy as presenting feature of lung carcinoma**
Muhammad Hayatulrizal Bin Md. Lailee, Hayati Abdul Aziz, MV Francesca,
Hospital Sultanah Aminah, Ministry of Health Malaysia
4. **A rare case of bilateral optic neuritis in leptospirosis**
Liow Ying Jie, Siuw Chin Pei, Azlyn Azwa Binti Jasman,
Hospital Sultan Ismail Johor Bahru
5. **Multimodal treatment for diabetic macular edema (DME) - Exploring the combination of subthreshold micropulse laser and intravitreal ranibizumab**
Hor Shi Mei, Mushawiahti Mustapha,
Universiti Kebangsaan Malaysia Medical Centre
6. **Infectious posterior uveitis: A preventable crippling malady**
Chin Ju Juen, Chia Chee Chew, Jane Mei Li Foo, Mei Fong Chong, Wan-Hazabbah WH,
Hospital Raja Permaisuri Bainun
7. **A case of endogenous endophthalmitis with klebsiella pneumonia liver abscess**
Mohd Asri Bin Mohd Afandi, Adeline Kueh Mei Ling, Intan Gudom,
Hospital Umum Sarawak
8. **Successful management of dislocated iris sutured iol secondary to blunt trauma in an eye with previous history of penetrating trauma**
Somasundranayaky a/p Sivalingam, Mushawiathi Musthapha, Mae- Lynn Catherine Bastion, Tang Seng Fai,
Ophthalmology Department, Universiti Kebangsaan Malaysia Medical Centre
9. **Bilateral macular atrophy post jarisch-herxheimer reaction**
Azlan Azha Bin Musa, Tajunisah Begum,
Universiti Teknologi MARA
10. **Optic disc swelling: Presentation and causes among inpatients at Hospital Sultanah Aminah Johor Bahru (HSAJB)**
Lim Hui Wen, Abdul-Aziz Hayati,
Hospital Sultanah Aminah Johor Bahru
11. **The biopsy that leads to the ugly truth**
Lim Chee Rean, Ho Fui Li, Intan Gudom,
Hospital Umum Sarawak
12. **Contrast induced transient cortical blindness**
Faradatul Aisyah Abdul Aziz, Tuan Hazri Bin Tuan Mat, Nurhamiza Binti Buang,
Ophthalmology Department, Hospital Raja Perempuan Zainab II

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

13. **Clinical profile and visual outcome of ocular syphilis in Sarawak**
Lee Shu Chaw, Chai Lee Tan, Intan Gudom,
Hospital Umum Sarawak
14. **Autosomal dominant ectopia lentis with open angle glaucoma in a family from Sabah**
Wai Yong Zheng, Ng Qi Xiong, Ng Yu Siang, Christie Nesaratnam Jeremiah, Gan Yuen Keat,
Mohamad Israk bin Mohamad Isa,
Hospital Queen Elizabeth 1
15. **Difficulty in diagnosing indirect carotid cavernous fistula (CCF)**
Noor Amalina Binti Saidi, Yushaniza Yaacob, Tang Pui Ling, Hanis Abdul Rani, Siow Pey Shin,
Hospital Seri Manjung
16. **Evaluation of visual acuity, macular thickness and level of proteinuria in children with nephrotic syndrome**
Lam Mun Wei, Shatriah Ismail, Mohamad Ikram Bin Ilias, Hayati Abdul Aziz,
Hospital Universiti Sains Malaysia
17. **Complication of tamoxifen therapy**
Chow Jun Yong, MLC Bastion, W.M. Wan Norliza,
Universiti Kebangsaan Malaysia/ Hospital Tengku Ampuan Afzan
18. **Spontaneous corneal clearance despite dislocated graft after descemet's stripping automated endothelial keratoplasty**
Aina Malindri Binti Dasrilsyah, Mae-Lynn Catherine Bastion, Then Kong Yong,
Universiti Kebangsaan Malaysia
19. **Parinaud's syndrome secondary to pineal gland germinoma**
Abdul Hadi Bin Rosli, Wan-Hazabbah Wan Hitam, Zunaina Embong,
Universiti Sains Malaysia
20. **Peripapillary vitreoretinal traction: A rare cause of pseudo-optic disc swelling**
Teo Shee Kiang, Chua Shee Wen, Othmaliza Othman, Mushawiahti Mustapha, Tang Seng Fai,
Universiti Kebangsaan Malaysia
21. **Review of patients with optic neuritis at Hospital Tuanku Ja'afar Seremban**
Norjeehan Maaris, Punithamalar Velaitham, Hemalatha Chandrakanthan,
Ophthalmology Hospital Tuanku Ja'afar Seremban
22. **Intracameral recombinant tissue plasminogen activator (RTPA) in the treatment of severe anterior chamber fibrinous reaction post cataract surgery - A success story**
Saidatulakma, Wan Norliza WM, Akmal Haliza Z, Khairy Shamel ST,
Ophthalmology Department, Hospital Tengku Ampuan Afzan
23. **Neovascular glaucoma: Does trabeculectomy work?**
Teh Swee Sew, Haireen Kamarudin, Ong Poh Yan, Mohd Aziz Husni,
Hospital Selayang
24. **Complex rhegmatogenous retinal detachment and macular hole induced by lightning**
Haw Qian Zhi, Leroy YK Tan, Barimala Kumares, Kiet Phang Ling, Francesca Martina Vendargon,
Hospital Sultanah Aminah Johor Bahru
25. **The spectrum of ocular bartonellosis in Hospital Sultanah Aminah: A case series**
Michele Tey Shi Ying, Lim Chee Min, Gayathri Govindasamy, Francesca Vendargon,
Ministry of Health

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

26. **The sorrow-eye of darkness**
 Ruhaya Binti Razali, Ruhaya Binti Razali, Anita a/p Maniam, Lathalakshmi a/p Thangavelu,
 Juliana Binti Jalaluddin, Hanizasurana Bt Hashim,
 Hospital Segamat
27. **Keratomalacia in xerophthalmia**
 Shafiqah Binti Sufyan, Muhammad Aiman Bin Mohd Ayoup, Liew Chiah Hui Shierley, Khairuddin Bin Othman,
 Jabatan Oftalmologi Hospital Tawau
28. **Frosted branch angiitis: Case series**
 Tanusha a/p Dorairaja, Goh Siew Yuen, Norakmal Bahari, Norhafizah Hamzah, Jamalia Rahmat, Azida Juana,
 Hospital Kuala Lumpur
29. **Acute irreversible blindness secondary to methanol intoxication**
 Deivanai Subbiah, Nor'Ain Mohd Rawi,
 Ophthalmology Department, Hospital Selayang
30. **Acute lymphoblastic leukemia (ALL) masquerading as periorbital cellulitis**
 Ng Pey Yih, Siti Nor Roha, Shamala Retnasabapathy,
 Hospital Sungai Buloh
31. **Underage bloodshot eye**
 Aini Zahidah Binti Ismail, Kong Xin Yi, Loh Mee Ai,
 Ophthalmology Department, Hospital Kulim, Kedah
32. **Necrotising scleritis: inflammatory or infectious?**
 Rebecca Jennifer Mary Louis, Chandramalar, Shamala Retnasabapathy, Melissa Wang,
 Ministry of Health
33. **Cataract surgery after refractive surgery. How good are we?**
 Fardziana Abu Zaki, Rozila Ariff,
 Hospital Selayang
34. **Management dilemma: Central serous chorioretinopathy in a patient with systemic lupus erythematosus on long term steroids**
 Mohd Feendi Bin Mohd Fauzi Yap, Ayesha Mohd Zain, Rona Asnida Nasaruddin,
 Hospital Universiti Kebangsaan Malaysia
35. **A case report: Refractory hodgkin lymphoma with le infiltrative optic neuropathy**
 Muhd Syafi Bin Abd Bari, Muhd Syafi Abd Bari, Mohammad Hudzaifah Nordin, Julieana Muhammed,
 Shatriah Ismail, Wan Hazabbah Wan Hitam,
 Hospital Universiti Sains Malaysia
36. **Neuroretinitis secondary to cat-scratch disease – A case report**
 Khor Hui Gim, Irene Cho, Ng Wei Loon, Miri Hospital
37. **Diplopia: The presenting neuro-ophthalmic feature of nasopharyngeal carcinoma**
 Iu Kwang Kwok, Afifah AS, Zakariah Sakinah, Azhany Y,
 Hospital Universiti Sains Malaysia
38. **Advanced coat's disease mimicking retinoblastoma**
 Nurul Farhana Binti Mustafa, Jessica MPT, Shuaibah Ab Ghani,
 Hospital Queen Elizabeth

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

39. **Paediatric supraorbital mass: A case of langerhans cell histiocytosis**
 Lim Chee Min, Nurulhuda binti Ariffin, Hooi Siew Hong, Francesca Martina Vendargon,
 Hospital Sultanah Aminah Johor Bahru
40. **Assessment of health related quality of life using specific strabismus questionnaire on pre- and post-strabismus surgery in children with infantile esotropia and their parents**
 Tan Chew Ean, Shatriah Ismail, Shuaibah Ab Ghani,
 Hospital Universiti Sains Malaysia
41. **Approach to paediatric traumatic cataract in firecrackers injury**
 Muhammad Nazrin Bin Muhammad Nordin, Azlindarita @ Aisyah Binti Mohd Abdulah,
 Azida Juana bt Wan Ab Kadir,
 University Malaya Medical Centre
42. **Increased cupping - A unique ocular manifestation of chiari malformation**
 Nuratiqah Binti Zainal Abidin, Fiona Chew Lee Min,
 Ophthalmology Department, Hospital Selayang
43. **Foster-kennedy syndrome secondary to cerebellopontine angle tumour**
 Kenneth Teow Kheng Leong, Fahim J, Nurul AM, Lakana KT, Safinaz MK,
 Hospital Kuala Lumpur
44. **The bests thing in life is unseen**
 Shiivaa Manjare a/p Birapadian, Lausanne C, G. Intan,
 Sarawak General Hospital
45. **A diagnostic dilemma: Is retinal vasculitis a sign of recurrent retinoblastoma?**
 Khadijah Binti Mustafa, shamim afiqah, jessica MPT, Shuaibah Ab Ghani,
 Hospital Wanita Dan Kanak-Kanak Sabah
46. **Hidden mask of fungal corneal ulcer**
 Ibtihal Bayaanaah Iskandar, Chiang Wai Seng, Nurhayati Kadir, Loh Sue Anne, Sharmini Nallasamy,
 Mohd Hikmi Razak,
 Hospital Duchess of Kent
47. **Incidence of polar cataract and its rate of complications**
 Tham Yue Keen, Yeoh Seng Hong, Rozila Ariff,
 Ministry of Health, Hospital Selayang
48. **Sinonasal fibrosarcoma: A rare cause of compressive optic neuropathy**
 Joan Marie Palikat, Amir Bin Samsudin,
 Universiti Malaya
49. **Spectrum of uveitis in ankylosing spondylitis: Asynchronous presentation**
 Chew Chia Chee, Ju Juen Chin, Mei Fong Chong, Liza-Sharmini AT,
 Hospital Raja Permaisuri Bainun
50. **Acute zonal occult outer retinopathy – A diagnostic challenge**
 Lee Hsin Yi, Norlina Mohd Ramli, Hanizasurana Hashim, Mae-Lynn Catherine Bastion,
 Hospital Selayang
51. **A cross sectional study of intraoperative and postoperative pain in manual small incision cataract surgery (MSICS) in Hospital Sultan Abdul Halim**
 Siti Noor Atikah Abd Rahman, Siti Noor Atikah Bt Abd Rahman, Zaharidah Binti Abdul Kadir,
 Rosnita Binti Alias,
 Hospital Sultan Abdul Halim

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

52. **Trifocal vs extended depth-of-focus iols: Which provides better visual performance?**
 Yeoh Seng Hong, Tham Yue Keen, H. Duratul Ain, Rozila Ariff,
 Department of Ophthalmology, Hospital Selayang
53. **Webino: What can it be?**
 Siti Nurhidayah Zaini, Juanarita Jaafar,
 Hospital Sungai Buloh/Ministry of Health
54. **Parinaud's oculoglandular syndrome: A rare differential diagnosis for red eye**
 Farah Izzati Binti Zulkafli, Sudhashini, Nazirah Ibrahim, Zairah Zainal Abidin, Zalifa Zakiah Asnir,
 Hospital Ampang
55. **Cytomegalovirus retinitis with superimposed central retinal vein occlusion in young male**
 Baskar Panirsheeluam, Sangeetha Tharmathurai,
 Hospital Sultan Haji Ahmad Shah
56. **Pneumatic displacement for submacular haemorrhage**
 Farah Nur Ilyana Mohd Ibrahim, Kelvin Teo,
 Singapore National Eye Centre
57. **A rare case of imatinib-induced optic disc swelling**
 Dharshana Thiagarajan, S Suriyani S Rahim Shah, Tan Pek Hwi,
 Hospital Tuanku Ja'afar
58. **Terson syndrome and intracranial bleed secondary to cardiopulmonary resuscitation**
 Sabrina Abu Hassan Asaari, Nor Akmal B, Rahmat J, Choo S Y,
 Hospital Kuala Lumpur
59. **Herpetic interstitial keratitis post chronic topical steroid use: A case report**
 Lim See Theng, Wan Haslina Wan Abdul Halim, Norshamsiah Md Din, Tang Seng Fai,
 Universiti Kebangsaan Malaysia Medical Centre
60. **A three year review of corneal ulcer admissions in UKM medical center**
 Annuar Zaki Azmi, Annuar Zaki Azmi, Ainal Adlin Naffi, Rona Asnida Nasaruddin, Jemaima Che Hamzah,
 Universiti Kebangsaan Malaysia
61. **Paradoxical reaction of anterior uveitis in a case of presumed ocular tuberculosis**
 Tan Shu Yu, SY Tan, Ainal Adlin Naffi, Norshamsiah Md Din, Safinaz Mohd Khialdin,
 Universiti Kebangsaan Malaysia Medical Centre
62. **Dual mechanism of drug induced glaucoma in myasthenia gravis (MG)**
 Mohamad Azlan Bin Zaini, Pragalath A/L Nagamuthu, Leow Sue Ngein, Thayanithi A/P K. Sandragasu, Francesca
 Martina Vendargon,
 Jabatan Oftalmologi
63. **5 Years review of ocular behcet's disease in Selayang Hospital**
 Salmah Binti Mohd Kamal Albakri, Nurul Ashikin Binti Abdullah, Azian Binti Adnan,
 Hanizasurana Binti Hashim,
 Universiti Malaya
64. **Radiation retinopathy and maculopathy: A 5 year experience at a tertiary medical center**
 Siti Zaitihani Hamdan, Nor Ain Mohd Rawi, Hanizasurana Hashim, Azida Juana Wan Ab Kadir,
 Hospital Selayang

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

65. **Non arteritic anterior ischaemic optic neuropathy following descemet stripping automated endothelial keratoplasty – A case report**
 Loo Yunhua, Khor Wei Boon,
 Singapore National Eye Centre
66. **Case series of retinal capillary hemangioma in patients with and without von hippel lindau disease**
 Nor Syahira Binti Shariffudin, Azian Adnan, Hanizaturana Hashim, Khairy Shamel Sonny Teoh,
 Hospital Selayang
67. **Chemotherapy induced optic neuropathy**
 Mariam Binti Jamaluddin Ahmad, Nor Fadhilah Binti Mohamad, Revathi Rajagopal, Vida Jawin,
 University Malaya Medical Centre
68. **An atypical presentation of coat's disease in late adulthood**
 Tham Zen Kuang, Lausanne Chua,
 Ministry of Health
69. **Ocular sporotrichosis: A cat that caught an eye**
 Leroy Tan Young King, Nurul Huda Ariffin, Francesca M Vendargon,
 Hospital Sultanah Aminah
70. **Chemo-adjuvant therapy in case of extensive conjunctival intraepithelial neoplasia**
 She Poh Fong, She Poh Fong, Akmal Haliza, Khairidzan Mohd Kamal, Norra Harun, Safinaz Mohd Khialdin,
 Universiti Kebangsaan Malaysia, Hospital Tengku Ampuan Afzan
71. **Perfusion density measures from optical coherence tomography angiography to differentiate between glaucomatous and normal eyes**
 Maria Sarojini Mariappan, Rubamalar Gunatheesan, Paveena Bhavani Raja Ram, Lim Hsein Han,
 Tun Hussein Onn National Eye Hospital
72. **Bilateral internal carotid artery aneurysm presenting with binasal hemianopsia – A rare visual field defect**
 Nazrina Binti Hassan, Rona Asnida Nasaruddin, Norshamsiah Md.Din, Jemaima Che Hamzah,
 Department of Ophthalmology, Faculty of Medicine, Universiti Kebangsaan Malaysia
73. **Case report: Infective endocarditis is a cause of internuclear ophthalmoplegia**
 Nur 'Attiyyah Binti Jasmi, Aisyah Amirah MZ, Nurull B S, Fazilawati Q,
 Ophthalmology Department, Hospital Tengku Ampuan Rahimah
74. **Reversible enophthalmos following discontinuation of topical prostaglandin analogues**
 Nicole Sie, Rahat Hussain,
 Singapore National Eye Centre
75. **A case report of congenital hereditary endothelial dystrophy**
 Aisyah Amirah Binti Mohd Zahari, Nur 'Atiyyah J, Nurull Bahya S, Fazilawati Q,
 Hospital Tengku Ampuan Rahimah
76. **Mooren's ulcers in UKM Medical Centre: A case series**
 Tan Kuan Sze, Yong Meng Hsien, Aida Zairani Mohd Zahidin, Wan Haslina Wan Abdul Halim,
 Universiti Kebangsaan Malaysia Medical Centre
77. **Evaluation of vegf level in tear post phacoemulsification among non-proliferative diabetic retinopathy**
 Azhan Bin Azman, Zunaina Embong, Mahaneem Mohamed, Shawarinin Jusoh,
 Ophthalmology Department, Universiti Sains Malaysia

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

78. **Manual small incision cataract surgery (MSICS): Experience at Hospital Tunku Ja'afar Seremban**
 Dheveya Sinnayya, Komathi a/p Arasu, Wan Mohd Hafidz Wan Abdul Rahman, Norlelawati Binti Abu,
 Hospital Tuanku Jaafar
79. **Severe occlusive vasculitis: Challenges in diagnosing**
 Siti Sarah Shokri, Tan Ai Meng, Siti Hajar Mat Abu,
 Hospital Sultan Abdul Halim
80. **Spectrum of peripheral ulcerative keratitis in Hospital Kuala Lumpur: A 10-year review**
 Tan Shao Sze, Rosilah binti Mohamed, Rohanah binti Alias,
 Hospital Kuala Lumpur
81. **Case series of massive subretinal haemorrhage with vitreous haemorrhage treated with trans-pars-plana vitrectomy**
 Solehah Binti Jeffrey, Mushawiahti Mustapha, Ayesha Mohd Zain, Wan Haslina,
 Universiti Kebangsaan Malaysia Medical Centre
82. **Central retinal vein occlusion: Antiplatelet agents and anticoagulants**
 Kiew Sieh Yean, George N. Thomas, Akshay S. Thomas, Sharon Fekrat,
 Singapore National Eye Centre
83. **Oh dear, where is the foreign body?**
 Norashikin Binti Maslan, Mae Lynn Catherine Bastion, Wan Haslina Wan Abdul Halim, Radzlian Othman,
 Universiti Kebangsaan Malaysia Medical Centre
84. **Factors affecting visual outcome following vitrectomy in young patients with advanced diabetic eye disease (ADED)**
 Inderpreet Kaur, Satheitra Rajandran, Jane Foo Mei Li, Chong Mei Fong,
 Hospital Raja Permaisuri Bainun
85. **Red eye the hidden danger**
 Gayathri Seluarize, Krishnadevi Thiyagarajam, Roslin Azni,
 Hospital Shah Alam
86. **Case report of managing choroidal melanoma**
 Nadzirah Binti Saffian,
 Hospital Klang
87. **A case of acute bilateral upper lid swelling as initial presentation of infectious mononucleosis**
 Amirah Binti Mohammad Razali, Ainal Adlin binti Naffi, Othmaliza binti Othman, Norshamsiah Md Din,
 Universiti Kebangsaan
 Malaysia Medical Centre
88. **Traumatic hyphema: A three year review in Kuala Pilah Cluster Hospital**
 Sulochana a/p Mohan, Premala Devi Sivagurunathan, Puspha Raman, Haslinda Md Said, Lim I-Liang,
 Khairulhusnaini Mohd Khalid,
 Hospital Tuanku Ampuan Najihah
89. **Asymptomatic presentation of cerebral venous sinus thrombosis post cataract operation**
 Mohd Fariz B Mohd Ali, Nadhirah Hanim MA, Nurull BS,
 Ministry of Health
90. **Optic disc swelling - Similar but not same**
 Krishnadevi Thiyagarajam, Gayathri Seluarize, Nor Fariza Binti Ngah, Roslin Azni Binti Abd Aziz,
 Nazima Shadat Ali,
 Hospital Shah Alam

**Poster
Board
Number**

Venue: Cashmere Ballroom, Level 3, Sultan Ahmad Shah International Convention Centre (SASICC)

91. **Spontaneous reattachment of rhegmatogenous retinal detachment**
 Carynn Ng Mae Li, Choo Swee Ying, Thayathini a/p K. Sandragasu, Mae Lynn Catherine Bation,
 Hospital Kuala Lumpur
92. **A three year review of traumatic cataract in Kuala Pilah Cluster Hospital**
 Muhammad Zakwan Bin Ilias, Sivagurunathan-Premala Devi, Puspha R, Khairul Husnaini,
 Ophthalmology Department, Hospital Kuala Pilah
93. **Cryptococcus meningitis: When the mushrooms bloom in the wrong room**
 Sarah Murniati Binti Che Mat Nor, Wan Hazabbah Wan Hitam, Liza Sharmini Ahmad Tajudin,
 Universiti Sains Malaysia
94. **Phacoemulsification techniques related to surgically induced astigmatism (PTECHSIA) questionnaire: Content and face validation**
 Nazaryna Marzuki, Md Muziman Syah Md Mustafa, Khairidzan Mohd Kamal, Noorhazayti Ab. Halim,
 International Islamic University Malaysia
95. **Foveoschisis: Juvenile vs high myopes**
 Sharan a/p Silvarajoo, choo SY, manoharan S, Jamaliah R, Thivakar S,
 Hospital Kuala Lumpur
96. **Prop-tooth-it-is: A rare case of dentigerous cyst in the maxillary sinus leading to left eye proptosis**
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 Dennis Ee See Ong, Lim JH, LM Tan,
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108. **Clinical profile and visual outcome of endophthalmitis in Hospital Sultanah Nur Zahirah: A 9 years review**
 Tuan Mohd Amirul Hasbi Bin Tuan Pail, Mohd Ilham Bin Ismail, Mohd Mustaqim Bin Zulkifli Martin,
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111. **Choroidal melanoma**
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 Azima Binti Ahmad Shahrudin, Azima, Juanarita, Wan Zalina,
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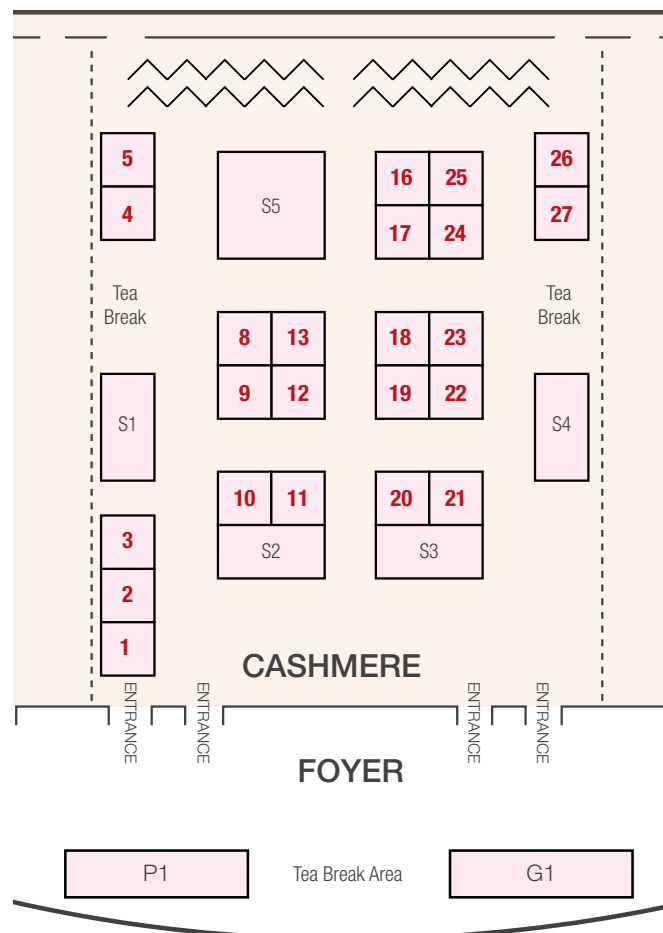
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REFERENCES:

1. EYLEA 40mg/L solution for injection Prescribing information, Malaysia, 19.02.2019.
2. Drug Control Authority, ministry of Health Malaysia website-http://portal.bpfk.gov.my/images/NewProduct/add-indication/Maklumat_tambahan_indikasi_DCA294.pdf. Accessed 2 Feb 2016.

ABBREVIATED PRESCRIBING INFORMATION

Brand name of product: EYLEA 40mg/ml solution for injection. **Approved name of the active ingredient:** Aflibercept. **Indication:** Treatment of neovascular (wet) age-related macular degeneration (wet AMD), visual impairment due to macular edema secondary to retinal vein occlusion (branch RVO or central RVO), visual impairment due to diabetic macular edema (DME) and visual impairment due to myopic choroidal neovascularization (myopic CNV). **Dosage and method of administration:** The recommended dose for Eylea is 2 mg aflibercept, equivalent to 0.05mL (50 µL); **Neovascular (wet) age-related macular degeneration (wet AMD):** Eylea treatment is initiated with one injection per month for three consecutive doses. The treatment interval is then extended to two months. Based on the physician's judgement of visual and/or anatomic outcomes, the treatment interval may be maintained at two months or further extended, using a treat-and-extend dosing regimen, where injection intervals are increased in 2- or 4- weekly increments to maintain stable visual and/or anatomic outcome. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly to a minimum of two months during the first 12 months of treatment. ; **Visual impairment due to macular edema secondary to retinal vein occlusion (branch RVO or central RVO):** After the initial injection, treatment is given monthly. Monthly treatment continues until maximal visual acuity is achieved and/or there are no signs of disease activity. Three or more consecutive, monthly injections may be needed. Treatment may then be continued with a treat and extend regimen with gradually increased treatment intervals to maintain stable visual and/or anatomic outcomes, however there are insufficient data to conclude on the length of these intervals; **Diabetic macular edema (DME):** Eylea treatment is initiated with one injection per month for five consecutive doses, followed by one injection every two months. After the first 12 months of treatment with Eylea, and based on visual and/or anatomic outcomes, the treatment interval may be extended, such as with a treat- and-extend dosing regimen; **Myopic choroidal neovascularization (myopic CNV):** Single intravitreal injection is recommended. Additional doses may be administered if visual and/or anatomic outcomes indicate that the disease persists. Recurrences are treated like a new manifestation of the disease. The interval between two doses should not be shorter than one month. **Contraindications:** Eylea is contraindicated in patients: with ocular or periocular infection; with Active severe intraocular inflammation; with Known hypersensitivity to aflibercept or to any of the excipients. **Special warnings and special precautions for use:** **Endophthalmitis:** Proper aseptic injection technique must always be used when administering EYLEA. Patients should be instructed to report any symptoms suggestive of endophthalmitis without delay and should be managed appropriately. **Increase in intraocular pressure:** Increases in intraocular pressure have been seen within 60 minutes of an intravitreal injection, including with EYLEA. Special precaution is needed in patients with poorly controlled glaucoma. **Other:** The safety and efficacy of Eylea therapy administered to both eyes concurrently have not been systematically studied; In the event of a retinal break the dose should be withheld and treatment should not be resumed until the break is adequately repaired; The dose should be withheld based on the clinical judgement of the treating physician, in the event of a performed or planned intraocular surgery; EYLEA should not be used during pregnancy unless the potential benefit outweighs the potential risk to the fetus. EYLEA is not recommended during breast-feeding. **Undesirable effects:** The most frequently observed adverse reactions (in at least 5% of patients treated with EYLEA) were conjunctival hemorrhage, eye pain, cataract, intraocular pressure increased, vitreous detachment and vitreous floaters. **For further prescribing information, please contact:** Bayer Co. (M) Sdn Bhd, B-19-1 & B-19-2, The Ascent Paradigm, No. 1, Jalan SS 7/26A, Kelana Jaya, 47301 Petaling Jaya, Selangor. Subject to medical prescription. **Date of text revision:** 19.01.2019.