

The College of Ophthalmologists of Sri Lanka

34TH ANNUAL SCIENTIFIC CONGRESS

"Innovating Ophthalmic Care Through Precision and Respect"

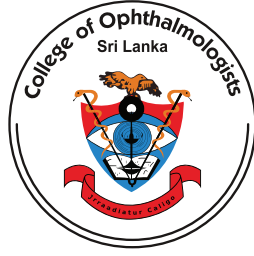


25TH - 27TH SEPTEMBER 2026



HOTEL SHANGRI-LA, COLOMBO

**CONFERENCE
PROGRAMME BOOK**
2026



The College of Ophthalmologists of Sri Lanka

34TH ANNUAL
SCIENTIFIC CONGRESS

*“Innovating Ophthalmic Care Through
Precision and Respect”*

PROGRAMME BOOK

25th to 27th September 2026
HOTEL SHANGRI-LA, COLOMBO

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MESSAGE FROM THE PRESIDENT

College of Ophthalmologists of Sri Lanka



It is with great pleasure and privilege I welcome our distinguished members, invited speakers, delegates, and guests to the 34th Annual Scientific Congress of the College of Ophthalmologists of Sri Lanka.

This year's congress is centered on the theme "Innovating Ophthalmic Care Through Precision and Respect."

Innovation is transforming in every field of medicine, perhaps now here is the pace of change, more remarkable than in ophthalmology. From more advanced imaging and artificial intelligence to advanced surgical technologies, novel therapeutics, and increasingly individual approaches to patient care, the possibilities before us continue to expand rapidly. As ophthalmologists, we have a responsibility to understand, evaluate, and appropriately embrace these innovations for the benefit of our patients.

However, innovation alone is not adequate. Precision is fundamental in delivering high-quality ophthalmic care. Whether in accurate diagnosis, decision-making on management or surgical intervention precision determines the quality, safety, and consistency of the outcomes. The pursuit of excellence therefore requires not only access to new technology, but also the knowledge, discipline, and technical skill to use it with accuracy and responsibility.

Respect has a deeper and broader meaning in medicine. We must respect the eye and its delicate tissues, respect the fellow eye, and respect the individual entrusted on our care. We must respect our colleagues, our teams, our patients' values and expectations, and the environment in which we practice. Every technological advancement can enhance what we do, but it is our humanity that determines how and why we do it.

Innovation and precision are, in many ways, expressions of technological and scientific advancement. Respect, however, comes from within—from our values, our conscience, and our commitment to practice what is best for every patient. When innovation is guided by precision and grounded in respect, it becomes a powerful force for meaningful and compassionate progress in ophthalmic care.

I am confident that this Congress will provide an inspiring platform for learning, sharing knowledge, exchanging ideas, and fostering collaboration among ophthalmologists and colleagues from Sri Lanka and around the world. I hope these discussions and interactions strengthen our commitment to advancing ophthalmic care standards and improving the quality of lives of those we serve.

I wish the 34th Annual Scientific Congress every success and all participants a rewarding, enriching, and memorable experience.

Dr. K. R. Dayawansa

President

College of Ophthalmologists of Sri Lanka

MESSAGE FROM THE CHAIRPERSON

Glaucoma Interest Group of the College of Ophthalmologists of Sri Lanka



It is with great pleasure and a deep sense of responsibility that I welcome you to the Glaucoma Interest Group's academic programme for 2026, organized under the theme "Clinical Frontiers in Glaucoma."

Glaucoma remains one of the leading causes of irreversible visual impairment worldwide. Its silent progression and diverse clinical presentations necessitate lifelong management. Therefore, early diagnosis, appropriate risk assessment and timely intervention are essential to preserve vision.

As our understanding of glaucoma continues to evolve, so too must the way we diagnose, monitor and treat our patients. The theme "Clinical Frontiers in Glaucoma" reflects this rapidly changing landscape, encompassing advances in imaging and functional assessment, developments in laser treatment, minimally invasive glaucoma surgery, and advances in conventional glaucoma surgery.

These developments are transforming our approach to glaucoma by expanding the options available to us and enabling us to individualize treatment according to each patient's needs. Our aim is not simply to explore new technologies and treatment modalities, but to critically evaluate their clinical relevance and applicability to our patients in Sri Lanka.

Through expert lectures, interactive discussions and the exchange of experiences, we hope to bridge the gap between emerging evidence and everyday clinical practice

The Glaucoma Interest Group of the College of Ophthalmologists of Sri Lanka has continued to strengthen glaucoma education, promote research and enhance awareness of glaucoma among healthcare professionals and the wider community. Our activities also extend beyond academic programmes, with an ongoing commitment to early detection, appropriate referral and reducing glaucoma-related visual disability across the country.

The progress of glaucoma care depends on collaboration, continuous learning and our shared commitment to excellence. I hope this meeting will stimulate meaningful discussion, encourage new ideas and, most importantly, translate into better care and improved visual outcomes for our patients.

I warmly welcome all our colleagues and trainees to “Clinical Frontiers in Glaucoma 2026.” I am particularly grateful to our invited faculty for accepting our invitation to share their expertise and experience with us.

I also hope that our overseas guests will find time to enjoy the natural beauty of Sri Lanka, explore its rich heritage and experience our flavorful cuisine and warm hospitality.

Let us explore the clinical frontiers of glaucoma together—bringing innovation into clinical practice while keeping the patient at the center of everything we do.

Dr. Kushlani Gooneratne

Chairperson, Glaucoma Interest Group
College of Ophthalmologists of Sri Lanka

MESSAGE FROM THE CHIEF GUEST



It is a great pleasure, privilege, and honour to participate as the Chief Guest at the 34th Annual Congress of the College of Ophthalmologists of Sri Lanka.

The College has undoubtedly made an invaluable contribution towards the prevention and eradication of avoidable blindness in our country, while continuously striving to elevate the standards of ophthalmic care in Sri Lanka. Its commitment to improving the quality of eye care and ensuring better visual outcomes for our people is truly commendable.

The recently initiated Gift of Vision Programme is an excellent example of the College's active commitment to combating cataract-related blindness and improving access to sight-restoring services for those in need. Such initiatives demonstrate the important role played by the College in addressing the country's eye-care needs beyond its academic and professional responsibilities.

The theme of this year's Congress, "Innovating Ophthalmic Care Through Precision and Respect," is both timely and meaningful. It reminds us that modern ophthalmic surgery is not merely about performing an operation, but about achieving the highest degree of precision while respecting the delicate ocular tissues and structures. Equally important is the respect we demonstrate towards our patients, colleagues, and all those who contribute to the delivery of quality eye care. This philosophy is fundamental to advancing ophthalmic practice in our country.

I am particularly pleased that this international Congress brings together a distinguished international faculty, providing an invaluable opportunity for our ophthalmologists to share knowledge, exchange experiences, and learn from advances in modern ophthalmology. I am confident that these academic interactions will contribute significantly to further elevating the standards of ophthalmic practice in Sri Lanka, ultimately benefiting the patients we serve.

I extend my warmest wishes to the College of Ophthalmologists of Sri Lanka for a highly successful and intellectually enriching 34th Annual Congress. May this Congress strengthen professional collaboration, inspire innovation, and contribute further to the advancement of eye care and the prevention of blindness in Sri Lanka.

I wish the College, the organizers, distinguished faculty, delegates, and all participants every success in this important scientific gathering.

Dr. Anil Jasinghe

Secretary,

Ministry of Health & Mass Media

MESSAGE FROM THE GUEST OF HONOUR



It is a great honor and pleasure to be invited to speak at the **34th Annual Congress of the College of Ophthalmologists of Sri Lanka.**

I am particularly delighted to be returning to Sri Lanka, a truly beautiful country blessed not only with its natural beauty and rich culture, but also with some of the warmest and most wonderfully friendly people I have had the pleasure of meeting.

I look forward to reconnecting with old friends and colleagues, meeting new ones, and sharing ideas and experiences in ophthalmology. I am very much looking forward to an enjoyable and stimulating meeting, and to my return to this beautiful country.

Professor K. Sheng Lim MB ChB MD FRCOphth
Professor of Glaucoma Studies, King's College London
Consultant Ophthalmic Surgeon
St Thomas' Hospital
London, UK

MESSAGE FROM THE SPECIAL GUEST



It is a distinct privilege and honour to extend my warmest greetings to the College of Ophthalmologists of Sri Lanka on the occasion of its 34th Annual Scientific Congress.

The theme selected for this year's Congress, "Innovating Ophthalmic Care Through Precision and Respect," is both timely and profound. It reflects the remarkable transformation taking place in modern ophthalmology, where scientific innovation, technological advancement and refined surgical techniques continue to redefine the standards of patient care.

Ophthalmology is undoubtedly one of the most rapidly advancing fields of medicine. New technologies, sophisticated diagnostic modalities and innovative surgical approaches are continuously expanding our ability to preserve and restore vision. Yet, innovation alone is not sufficient. It is through precision—in diagnosis, decision-making and surgical execution—that innovation is translated into meaningful and predictable outcomes for our patients. This is particularly true in ophthalmic surgery, where the finest margins and the most delicate tissues demand the highest degree of accuracy, discipline and expertise.

In this context, the theme of this Congress acquires an even greater significance. Innovation through Precision and Respect represents not merely a philosophy of modern ophthalmic practice, but a responsibility towards every patient entrusted to our care.

The word "Respect" carries a particularly important meaning in ophthalmic surgery. It is a reminder to respect the eye as a delicate and precious organ; to respect the integrity of the ocular tissues; and to respect the principles, discipline and responsibility inherent in every surgical procedure. When innovation and precision are guided by such respect, they translate into safer surgery, better outcomes and, ultimately, the restoration of one of the most precious human senses—vision.

I wish the College of Ophthalmologists of Sri Lanka continued success and distinction in its service to the nation and the advancement of ophthalmology to eliminate avoidable blindness and improve the quality of life of the people of Sri Lanka.

Dr. Asela Gunawardena

Director General of Health Services

Ministry of Health, Sri Lanka

CONGRESS FLOOR PLAN





INTERNATIONAL GUEST FACULTY

34TH ANNUAL CONGRESS - COSL



Professor Sheng Lim

Professor of Glaucoma Studies,
King's College London
Consultant Ophthalmic Surgeon
St Thomas' Hospital
London, UK



Associate Professor Shamira Perera

Head and Senior Consultant Ophthalmologist,
Glaucoma Service, Singapore National Eye Centre
Co-Head, Cataract and Refractive Research,
Singapore Eye Research Institute
Head of Glaucoma Research, SERI
Assoc Prof Duke- NUS Graduate Medical School
Deputy Director of MedTech Office, SingHealth
President of Glaucoma Association of
Singapore (GLAS)



Mrs. Punithawathy Ranjit

Consultant Ophthalmologist
University Hospitals of North Midlands
Royal Stoke University Hospital
UK



Dr. Sirisha Senthil

Head of Service, VST Centre for Glaucoma Care
LV Prasad Eye Institute
Hyderabad, India



Dr. Geetha Iyer

Medical Director & Co-Founder,
CODE Eye Care –
Institute of Excellence for Cornea,
Ocular Surface and Dry Eye,
Chennai, India



Dr. Aditya Sudhalkar

Consultant, Vitreoretinal Surgeon
Sudhalkar Eye Hospital and Retina Centre,
Baroda, India



Professor Tetsuro Oshika

President of the Asia Pacific Academy of Ophthalmology
Professor of Ophthalmology
University of Tsukuba,
Japan



Professor Karl Golnik

Professor in the Department of Neurology & Neuro-Ophthalmologist
Barrow Neuroscience Institute,
Creighton University and
the University of Arizona
USA



Dr. Vaishali Vasavada

Director, and Consultant
ophthalmologist Raghudeep Eye Hospital
Jaipur & Ahmedabad
India



Dr. Shail Vasavada

Cataract and Refractive Consultant
Raghudeep Eye Hospital
Ahmedabad,
India



Dr. Jocelyn Chua

Senior Consultant Glaucoma Service
Singapore National Eye Centre
Singapore



LOCAL GUEST FACULTY

33RD ANNUAL CONGRESS - COSL



Dr. Kishara Gunaratne

Senior Lecturer & Consultant Neurologist
Faculty of Medicine
University of Moratuwa



Dr. Dunya Luke

Senior Lecturer Consultant
Neurologist / Neuro Physician
Faculty of Medicine
University of Kelaniya



Dr. Dimuthu T. Muthukuda

Consultant Endocrinologist
Sri Jayewardenepura General Hospital
Kotte



Dr. Charith Fonseka

Consultant Ophthalmologist
Nawaloka Hospital PLC
Colombo



Dr. Dushyantha Wariyapola

Consultant Ophthalmologist
Golden Key Eye & ENT Hospital
Rajagiriya



Dr. Imalka Fonseka

Consultant Ophthalmologist
Durden's Hospital
Colombo 03



Dr. Lalitha Senerath

Consultant Ophthalmologist
Galle



Dr. Pradeepa K. Siriwardena

Consultant Ophthalmologist
National Eye Hospital
Colombo.



Dr. Deepanee Wewalwala

Consultant Ophthalmologist
National Eye Hospital
Colombo



Dr. Dilruwani Aryasingha

Consultant Ophthalmologist
Golden Key Eye & ENT Hospital
Rajagiriya



Dr. Ayasmantha Pieris

Consultant Ophthalmologist
District General Hospital
Hambantota



Dr. K. A. Salvin

Senior Lecturer and Consultant
Ophthalmologist
Faculty of Medicine
University of Kelaniya



Dr. Mangala Dhanapala

Consultant Vitreo Retinal Surgeon
National Eye Hospital
Colombo



Dr. Prasad Pathirana

Consultant Ophthalmologist
National Eye Hospital
Colombo 10



Dr. Kapila Bandutilake

Consultant Vitreo Retinal Surgeon
National Eye Hospital
Colombo



Dr. P. Sriharanathan

Consultant Vitreo Retinal surgeon
National Hospital
Kandy



Dr. Kusum Ratnayake

Consultant Cornea and External Eye
Diseases Specialist
National Eye Hospital
Colombo



Dr. Chameera Bandara

Consultant Oculoplastic Surgeon
National Eye Hospital
Colombo



Dr. Hiranya Abeysekera

Consultant Paediatric Ophthalmologist
Lady Ridgeway Hospital for Children
Colombo 08



Dr. Ishantha Jayasekera

Consultant Cornea and External
Eye Diseases Specialist
National Hospital
Kandy



Dr. J. G. Mahesh

Consultant Ophthalmologist
Colombo North Teaching Hospital
Ragama



Dr. Anusha Tennekumbura

Consultant Pediatric Ophthalmologist
Lady Ridgeway Hospital for Children
Colombo 08



Dr. Sampath Ranaweera

Consultant Ophthalmologist
Teaching Hospital
Rathnapura



Dr. Bhagya Weerasinghe

Consultant Ophthalmologist
District General Hospital
Polonnaruwa



Dr. Kavinda Masinghe

Consultant Oculoplastic Surgeon
National Hospital
Kandy



Dr. Kasun Gunawardene

Consultant Ophthalmologist
Teaching Hospital
Kuliapitiya



Dr. Saminda Paranehewa

Consultant Ophthalmologist
Teaching Hospital
Kurunegala



Dr. Gayan Wijesundara

Consultant Ophthalmologist
District General Hospital
Trincomalee



Dr. G.H.M. Pinsara

Consultant Ophthalmologist
Base Hospital
Balapitiya



Dr. Chanika Gamage

Consultant Ophthalmologist
District General Hospital
Monaragala



Dr Sahila Parathan

Consultant Vitreo Retinal Surgeon
National Hospital
Jaffna



Dr. Sumindu Edirisooriya

Consultant Vitreo Retinal Surgeon
Teaching Hospital
Kurunegala



Dr. K. Niruththan

Specialist in Vitreo Retina
Teaching Hospital
Badulla



Dr. Manishka Jayasundera

Consultant Ophthalmologist (Acting)
Teaching Hospital
Anuradhapura



Dr. Lija Gajalakshan

Specialist in Vitreo Retina
National Eye Hospital
Colombo 10.



Dr. Nevinda de Silva

Consultant Vitreo Retinal Surgeon
Teaching Hospital
Ratnapura



Dr. Nayomi Vitharana

Senior Registrar in Ophthalmology
National Eye Hospital
Colombo 10



Dr. Iroshan Mendis

Senior Registrar in Ophthalmology
National Eye Hospital
Colombo 10



Dr. E.C.M.P. Karunaratne

Senior Registrar in Ophthalmology
National Eye Hospital
Colombo 10

COLLEGE LECTURE

From Clinical Curiosity to Clinical Research: Bridging the Gap in Our Daily Practice



Professor Tetsuro Oshika

MD, PhD, FARVO

President of the Asia Pacific Academy of Ophthalmology

Professor at the University of Tsukuba, Japan.

DR. P. SIVASUBRAMANIAM ORATION

Resilience, Rehabilitation, and Inclusion: The Journey of Low Vision Care in Sri Lanka



Dr. Saman N. Senanayake

MBBS (Hons), DO, MS (Ophth), FRCSEd FCOSL

Consultant Ophthalmologist

Asiri Hospital, Kandy, Sri Lanka.

34TH ANNUAL SCIENTIFIC PROGRAMME

34TH ANNUAL CONGRESS – COSL

25th September 2026

DAY 01

CLINICAL FRONTIERS IN GLAUCOMA

7.30 a.m.	Registration
8.00 a.m.	National Anthem
8.05 a.m.	Lighting of the Traditional Oil Lamp
8.10 a.m.	Welcome Address <i>Dr. Dilruwani Aryasingha</i> <i>Chairperson Glaucoma Interest Group 2024/25</i>
8.15 a.m.	Induction of Chairperson, GIG 2026/27 <i>Dr. Kushlani Gooneratne</i>
8.20 a.m.	Address by the Chief Guest <i>Dr. Imalka Fonseka</i>
8.25 a.m.	Address by Chairperson, GIG 2026/27 <i>Dr. Kushlani Gooneratne</i>

08.30 A.M. - 9.06 A.M.

**CONTEMPORARY MANAGEMENT OF GLAUCOMA:
FROM EARLY DETECTION TO SURGICAL DECISION-MAKING**

SESSION 01

Chairpersons: *Dr. K.R. Dayawansa, Dr. Kushlani Gooneratne*

8.30 a.m. – 8.42 a.m.	Using the Optic Disc to Evaluate Glaucoma <i>Dr. Pradeepa K. Siriwardena</i>
8.42 a.m. – 8.54 a.m.	Structure Meets Function: Integrating OCT and Visual Fields Assessment <i>Dr. Dushyantha Wariyapola</i>
8.54 a.m. – 9.06 a.m.	Clinical Decision-Making in Normal-Tension Glaucoma: When Should We treat? <i>Dr. Imalka Fonseka</i>

09.06 A.M. – 10.00 A.M.

**MINIMALLY INVASIVE GLAUCOMA SURGERY (MIGS) &
MINIMALLY INVASIVE BLEB SURGERY (MIBS)**

SESSION 02

Chairpersons: *Dr. Pradeepa K. Siriwardena, Dr. Sagara Pathirage*

9.08 a.m. – 9.20 a.m.	Preserflo Microshunt: Indications, Technique and Outcomes <i>Professor Sheng Lim</i>
9.20 a.m. – 9.45 a.m.	Evolution of MIGS <i>Associate Professor Shamira Perera</i>
9.45 a.m. – 10.00 a.m.	Q & A session

10.00 A.M. – 10.30 A.M.

TEA

10.30 A.M. – 11.30 A.M

**MASTERING GLAUCOMA SURGERY: TRABECULECTOMY,
DEEP SCLERECTOMY AND BEYOND**

SESSION 03

Chairpersons: *Dr. Dushyantha Wariyapola, Dr. Dilruwani Aryasingha*

10.30 a.m. – 10.50 a.m.

Mastering Trabeculectomy; From Standard Technique to Complex Cases
Dr. Imalka Fonseka

10.50 a.m. – 11.07 a.m.

**Combined Deep Sclerectomy and Trabeculectomy: Optimizing
Filtration Surgery**
Mrs. Punitha Ranjith

11.07 a.m. – 11.25 a.m.

Q & A

11.30 A.M. – 12.15 P.M.

MANAGING COMPLEX AND REFRACTORY GLAUCOMA

SESSION 04

Chairpersons: *Dr. Muditha Kulathunga, Dr. Lalitha Senarath*

11.30 a.m. – 11.45 a.m.

Mastering Tube Surgery and Complications Management
Professor Sheng Lim

11.45 a.m. – 12.00 p.m.

High IOP After GDD: Evaluation and What Next?
Dr. Sirisha Senthil

12.00 p.m. – 12.15 p.m.

Q & A

12.15 P.M. – 12.35 P.M.

**PRESENTATION OF AWARDS FOR GLAUCOMA AWARENESS
VIDEO COMPETITION**

12.35P.M. – 1.35P.M.

LUNCH

1.35 P.M. – 3.10 P.M.

**THE EVOLVING MANAGEMENT OF PRIMARY ANGLE-CLOSURE
DISEASE**

SESSION 05

Chairpersons: *Dr. Prasad Pathirana, Dr. Sampath Ranaweera*

1.35 p.m. – 1.45 p.m.

Importance of Detecting Angle Closure Glaucoma in Clinical Practice
Dr. Dilruwani Aryasingha

1.45 p.m. – 1.55 p.m.

**Current Management Algorithm for Primary Angle-Closure Suspect (PACS),
Primary Angle Closure (PAC), and Primary Angle-Closure Glaucoma (PACG)**
Dr. Lalitha Senarath

1.55 p.m. – 2.05 p.m.

Detection of Angle Closure – Gonioscopy vs ASOCT
Dr. Gayan Wijesundara

2.05 p.m. – 2.15 p.m.

Which Patients Need Laser Iridotomy / Iridoplasty
Dr. G.H.M. Pinsara

2.15 p.m. – 2.25 p.m.

Role of MIGS in Angle-Closure Glaucoma Along with Cataract Extraction
Dr. Sirisha Senthil

2.25 p.m. – 2.35 p.m.

Cataract Surgery in Glaucoma
Professor Sheng Lim

2.35 p.m. – 2.50 p.m.

Different presentations of angle Closure and Management Approach
Mrs. Punitha Ranjith

2.50 p.m. – 3.10 p.m.

Q & A

CEREMONIAL INAUGURATION

CEREMONIAL INAUGURATION

25th September 2026 | 07.00P.M. | Shangri-La, Colombo

PROGRAMME

- 6.50 p.m. Invitees take their seats
- 6.55 p.m. Arrival of the Chief Guest
- 7.00 p.m. Ceremonial Procession
- 7.05 p.m. National Anthem
- 7.10 p.m. Lighting of the Oil Lamp
- 7.20 p.m. Welcome Address
Dr. K.R. Dayawansa
President, College of Ophthalmologists of Sri Lanka
- 7.25 p.m. Address by the Special Guest
Dr. Asela Gunawardena
Director General Health Services
Ministry of Health
- 7.35 p.m. Address by the Guest of Honour
Professor Sheng Lim
Professor of Glaucoma Studies
King's College, London, UK
- 7.45 p.m. Address by the Chief Guest
Dr. Anil Jasinghe
Secretary, Ministry of Health & Mass Media
- 7.55 p.m. Awarding of Honorary Fellowships
Professor Madhuwanthi Dissanayake
Late Dr. Ranmini Seneviratne
Dr. Sriyani Nanayakkara
- 8.10 p.m. Presentation of Awards
- 8.20 p.m. Presidential Address
Dr. K.R. Dayawansa
President, College of Ophthalmologists of Sri Lanka
- 9.00 p.m. Vote of Thanks
Dr. Kushlani Gooneratne
Jt. Secretary, College of Ophthalmologists of Sri Lanka
- 9.10 p.m. Cultural Show
- 9.30 p.m. Procession leaves the Hall
- 9.35 p.m. Fellowship & Cocktails

34TH ANNUAL CONGRESS - COSL

26th September 2026

DAY 02

7.00 A.M. – 7.50 A.M.

**VISION SOLUTION SPONSORED BREAKFAST SYMPOSIUM
THE DIFFICULT EYE: TECHNOLOGY, TECHNIQUE & THE FINAL IOL"
PRACTICAL SOLUTIONS FOR CHALLENGING CATARACT AND
GLAUCOMA SURGERY**

Chairpersons: *Dr. Chaya Samarasinghe, Dr. Prem Anand*

The Difficult Eye: Technology, Technique & The Final IOL"
Dr. Prasad Pathirana, Dr. Ayasmantha Pieris

8.00 A.M. – 9.00 A.M.

**BEYOND THE SURFACE: THE ART AND SCIENCE OF ADVANCED
OCULAR SURFACE MANAGEMENT**

SESSION 01

Chairpersons: *Dr. K.R. Dayawansa, Dr. Kusum Ratnayake*

8.00 a.m. – 8.12 a.m.

A Strategic Approach to Advanced Ocular Surface Disease
Dr. Kusum Ratnayake

8.12 a.m. – 8.24 a.m.

**Stevens–Johnson Syndrome and Toxic Epidermal Necrolysis: From Acute
Crisis to Chronic Ocular Surface Reconstruction**
Dr. Geetha Iyer

8.24 a.m. – 8.36 a.m.

**Boston Keratoprosthesis versus Osteo-Odonto-Keratoprosthesis:
The Ultimate Keratoprosthesis Decision**
Dr. Geetha Iyer

8.36 a.m. – 8.48 a.m.

OSD Grand Rounds.: Interactive Session
Cases presented by *Dr. Mihipali Karunaratne*

8.48 a.m. – 9.00 a.m.

**Immunosuppressive Therapy in Ocular Surface Disease: When, Why,
and How to Treat**
Dr. Geetha Iyer

9.00 A.M. – 10.00 A.M.

**FROM CLINIC TO CLARITY — CASE-BASED INSIGHTS IN MEDICAL
RETINA & UVEITIS**

SESSION 02

Moderators: *Dr. K. Niruththan, Dr. Manishka Jayasundera*

Panelists: *Dr. Aditya Sudhalkar
Dr. Dushyantha Wariyapola
Dr. Kapila Bandutilake
Dr. J.G. Mahesh*

09.00 A.M. – 09.15 A.M.

The Choroidal Intruder
Dr. Lija Gajalaksan

09.15 A.M. – 09.30 A.M.

The Choroidal Extruder
Dr. Manishka Jayasundera

09.30 A.M. – 09.45 A.M.

The Serous Saga
Dr. Sahila Parathan

09.45 A.M. – 10.00 A.M.

The Ageing Macula
Dr. K. Niruththan

10.00 A.M. – 10.30 A.M.

TEA

10.30 A.M. – 11.30 A.M.

COLLEGE LECTURE

'From Clinical Curiosity to Clinical Research: Bridging the Gap in Our Daily Practice'

Professor Tetsuro Oshika

President of the Asia Pacific Academy of Ophthalmology

Professor of Ophthalmology

University of Tsukuba, Japan

11.30 A.M. – 12.30 P.M.

**AVRSSL SYMPOSIUM: ENDOPHTHALMITIS –
'AVENGERS, ASSEMBLE!'**

SESSION 03

Moderator: *Dr. P. Sriharanathan*

11.30 a.m. – 11.42 a.m.

Endophthalmitis and its Close Imposters

Dr. Nevinda de Silva

11.42 a.m. – 11.54 a.m.

Post-Cataract Endophthalmitis: What has Changed?

Dr. Mangala Dhanapala

11.54 a.m. – 12.06 p.m.

Endogenous Endophthalmitis: Management Updates

Dr. Kapila Bandutilake

12.06 p.m. – 12.18 p.m.

Post-Intravitreal Injection Inflammation: Sterile or Infective?

Dr. Charith Fonseka

12.18 p.m. – 12.30 p.m.

Post-Endophthalmitis Macular Oedema: Unfinished Battle

Dr. P. Sriharanathan

12.30 P.M. – 2.00 P.M.

LUNCH

1.00 p.m. – 1.40 p.m.

**ALCON SPONSORED LUNCH SYMPOSIUM -
A NEW ERA IN IOL & DELIVERY TECHNOLOGY**

Chairperson: *Dr. Chamara Kumara*

1.05 p.m. – 1.20 p.m.

Clareon AutonoMe™ - A Paradigm Shift in Cataract Surgery

Dr. Shail Vasavada

1.20 p.m.- 1.35 p.m.

State of the Art: Patient Counselling for Presbyopia-Correcting IOLs (PanOptix)

Dr. Vaishali Vasavada

1.35 p.m.- 1.40 p.m.

Q&A

2.00 P.M. – 3.00 P.M.

**CLINICAL PEARLS IN NEURO-OPHTHALMOLOGY: DIAGNOSIS,
LOCALIZATION AND MANAGEMENT**

SESSION 04

Chairpersons: *Dr. Champa Banagala, Dr. Deepanee Wewalwala*

2.00 p.m. – 2.15 p.m.

Changing Paradigms in the Diagnosis and Treatment of Optic Neuritis

Professor Karl Golnik

2.15 p.m. – 2.39 p.m.

Challenging Cases in Neuro-Ophthalmology: Demyelination and Beyond

Dr. Kishara Gunaratne, Dr. Dunya Luke

2.39 p.m. – 2.45 p.m.

Bilateral and Young, Scary?

Dr. Deepanee Wewalwala

2.45 p.m. – 3.00 p.m.

Localizing Diplopia: Clinical Pearls for Precise Diagnosis

Professor Karl Golnik

3.00 P.M. – 4.00 P.M.

GRAVES' ORBITOPATHY: ONE DISEASE, TWO SPECIALTIES,
NAVIGATING FROM DIAGNOSIS TO REHABILITATION

SESSION 05

Moderators: *Dr. Mangala Gamage, Dr. Nirodha Jayawickrama,*

Panelists: *Dr. Dimuthu Muthukuda
Dr. Chameera Bandara
Dr. Kavinda Masingha*

4.00 P.M. – 4.30 P.M.

TEA

4.30 P.M. – 5.45 P.M.

VIDEO SYMPOSIUM

SESSION 06

Moderators: *Dr. K.A. Salvin, Dr. Aruna Fernando*

Hall A
6.00 P.M. – 7.30 P.M.

NEURO-OPHTHALMOLOGY CAPSULE – THINK BEYOND THE EYE
An Interactive Case-Based Session
Professor Karl Golnik

HALL B

An Interactive Career Discussion with Trainees
Prof. Sheng Lim & Mrs. Punitha Ranjith

34TH ANNUAL CONGRESS - COSL

27th September 2026

DAY 03

7.00 A.M. – 7.50 A.M.

**LENSTECH INNOVATION SPONSORED BREAKFAST SYMPOSIUM
"FROM STITCH TO SIGHT: MASTERING OPHTHALMIC
PRECISION"**

Chairpersons: *Dr. Kusum Ratnayake & Dr. Ishantha Jayasekera*

7.00 a.m. – 7.05 a.m.

Introduction

7.05 a.m. – 7.15 a.m.

The Right Needle, The Right Suture, The Right Outcome
Dr. Ayasmantha Peiris

7.15 a.m. – 7.25 a.m.

Every Stitch Counts: Suturing in Anterior Segment Surgery
Dr. Ishantha Jayasekera

7.25 a.m. – 7.35 a.m.

The Art of Posterior Segment Suturing
Dr. Mangala Dhanapala

7.35 a.m. – 7.50 a.m.

Phakic IOLs, When to use, and My Experience with IPCL
Dr. Dushyantha Wariyapola

8.00 A.M. – 10.00 A.M.

TAMING THE DIFFICULT CATARACT

SESSION 07

Chairpersons: *Dr. Dushyantha Wariyapola, Dr. Aruna Fernando*

8.00 a.m. – 8.10 a.m.

Priming the Practice for Refractive Cataract Surgery –
Dr. Vaishali Vasavada

8.10 a.m. – 8.20 a.m.

Toric IOLs: Keys to Consistent Success
Professor Tetsuro Oshika

8.20 a.m. – 8.30 a.m.

Approach to Intraoperative PCR
Dr. Shail Vasavada

8.30 a.m. – 8.40 a.m.

Taming the Unruly Iris
Dr. Vaishali Vasavada

8.40 a.m. – 8.50 a.m.

Managing Difficult Situations - Mature & Traumatic Cataracts
Dr. Shail Vasavada

8.50 a.m. – 9.00 a.m.

Subluxed Crystalline Lens - Options in Management
Dr. Charith Fonseka

9.00 a.m. – 9.10 a.m.

Complex Cataract and Beyond: Strategies That Work
Professor Tetsuro Oshika

9.10 a.m. – 9.20 a.m.

**Rational Pre-Operative Preparation for Cataract Surgery: Safer, Faster and
Cost Effective.**
Dr. K.A. Salvin

9.20 a.m. – 10.00 a.m.

Case Based Discussion

Moderator-Dr. Aruna Fernando

Case Presentation

Presenters - *Dr. Chamara Kumarage, Dr. Dushyantha Wariyapola*

Panelists-

*Dr. Vaishali Vasavada,
Professor Tetsuro Oshika,
Dr. Shail Vasavada
Dr. Charith Fonseka
Dr. K.A. Salvin*

10.00 A.M. – 10.30 A.M.

TEA

10.30 A.M. – 11.30 A.M.

DR. P. SIVASUBRAMANIAM ORATION

"Resilience, Rehabilitation, and Inclusion: The Journey of Low Vision Care in Sri Lanka"

*Dr. Saman Senanayake
Senior Consultant Ophthalmologist*

11.30 A.M. – 12.30 P.M.

YOSL SESSION

RVO & DME: THE FUTURE PLAYBOOK

SESSION 08

Moderators: - *Dr. Duleepa Baranage, Dr. Harsha Prathapasinghe*

Speakers: -

*Dr. Saminda Paranehewa
Dr. Kasun Gunawardene
Dr. Bhagya Weerasinghe
Dr. Sampath Ranaweera
Dr. Sumindu Edirisooriya
Dr. Iroshan Mendis
Dr. Chanika Gamage
Dr. Nayomi Vitharana*

12.30 P.M. – 2.00 P.M.

LUNCH

1.00 p.m. – 1.40 p.m.

VISION 2020 TECHNO SPONSORED LUNCH SYMPOSIUM

SLT IN FOCUS: "FROM FUNDAMENTALS TO CLINICAL PRACTICE"

Chairpersons: *Dr. Dilruwani Aryasinghe, Dr. Prasad Pathirana*

1.00 p.m. – 1.12 p.m.

SLT Essentials: Understanding the Fundamentals

Dr. Gayan Wijesundera

1.12 p.m. – 1.27 p.m.

Selective Laser Trabeculoplasty: How Have my Patients Benefited from SLT today?

Dr. Jocelyn Chua

1.27 p.m. – 1.40 p.m.

Q & A

2.00 P.M. – 4.00 P.M.

FREE PAPERS

SESSION 09

Chairpersons: Dr. N. Niroshan, Dr. M. Gnanaruban

- | | |
|-------------------------|--|
| 02.00 p.m. - 02.08 p.m. | Improving Quality and Efficiency of Pterygium Surgery: A Clinical Audit of Sutureless Versus Sutured Conjunctival Autograft Fixation by First-Year Trainees
<i>MNA Ahamed, TBMJ De Silva, JD Dias</i> |
| 02.08 p.m. - 02.16 p.m. | 500 Eyes, Two Days: Refractive Accuracy and Surgical Outcomes Following High-Volume Cataract Surgery
<i>K Niruththan, NP Nanayakkara, PADV Gunasekara, MI Jayasundera</i> |
| 02.16 p.m. - 02.24 p.m. | Barriers and Determinants of Glaucoma Medication Adherence Among Patients Attending the University Hospital Kotelawala Defense University Ophthalmology Clinic
<i>M Shajahan, DAK Dissanayaka, SD Aluthge, P Anand</i> |
| 02.24 p.m. - 02.32 p.m. | Early vitrectomy in PDR: A Systematic Review and Meta-Analysis
<i>PFSC Fonseka, M Prabath, R. Casson, DMMDB Dhanapala</i> |
| 02.32 p.m. - 02.40 p.m. | An Ongoing Clinical Audit: HbA1c Versus Fasting Blood Sugar in Diabetic Macular Oedema
<i>P Vaishnavan, K Kiriyan, TD Munasinghe, KN Goonerathne</i> |
| 02.40 p.m. - 02.48 p.m. | Real-World First-Line IVB-SCTA versus Dexamethasone Implant for RVO Macular Edema: Response, Durability and Cost
<i>P Sriharanathan</i> |
| 02.48 p.m. - 02.56 p.m. | Diagnostic Yield and Clinical Utility of Multimodal Visual Electrophysiology in a National Tertiary Referral Centre: An Eight-Year Experience from Sri Lanka
<i>TD Munasinghe, PMT Warnakula, DHH Wariyapala</i> |
| 02.56 p.m. - 03.04 p.m. | Cancer Immunotherapy Associated Uveitis: Clinical Features and Outcomes
<i>S Waduthantri</i> |
| 03.04 p.m. - 03.12 p.m. | Prevalence of Refractive Errors In Children Treated For Retinopathy Of Prematurity (ROP)-Lady Ridgeway Hospital for Children
<i>ID Jayarathna, H Abeysekera</i> |
| 03.12 p.m. - 03.20 p.m. | Cyclophotocoagulation (CPC) as a method of rescue of failed Ahmed Glaucoma Valve (AGV) in children in Sri Lanka
<i>IM Akbar, H Abeysekera</i> |
| 03.20 p.m. - 03.28 p.m. | Impact of Direct Observation, Regular Follow-up, Parental Education, and Systematic Monitoring on Amblyopia Management Among Children Attending the Paediatric Eye Clinic at Teaching Hospital Kuliyapitiya
<i>S Muthukumara, BMT Basnayaka, UPB Niroshani, HPMK Gunawardana</i> |
| 03.28 p.m. - 03.36 p.m. | Bending Under Pressure: Prevalence of Musculoskeletal Disorders, Physical Risk Factors and Ergonomic Awareness Among Ophthalmology Trainees in Sri Lanka
<i>PMT Warnakula, AR Wimalasundera, DP Jayapala, RR Muhandiram</i> |
| 03.36 p.m. - 03.44 p.m. | Time interval and visit count from first presentation to cataract surgery at National Eye Hospital, Colombo
<i>JKNN Jayanetti, KA Jithmini, KR Dayawansa</i> |
| 03.44 p.m. - 03.52 p.m. | Learning ophthalmology in the Gen Z era: Preferred learning methods among Sri Lankan medical undergraduates and attitudes towards AI-based education
<i>ANM De Silva, LKBC Pieris, EADH Amasha, MM Dissanayake</i> |

03.52 p.m. – 4.00 p.m.

Knowledge, Attitudes and Practices on the Diagnosis and Management of Glaucoma among Medical Officers in Ophthalmology Uva Province
MI Jayasundera, K Niruththan, NP Nananyakkara, PADV Gunasekara

04.00p.m. -04.08 p.m.

Timing Matters: Fibrovascular stage and visual ceiling after vitrectomy for PDR
PFSC Fonseka, R Casson, MP Piyasena, G Gunawardena, CA Madusanka, D Yapa, M Gunaratne, J Gilhotra, U Senarath, DMMDB Dhanapala

4.10 P.M. – 5.10 P.M.

ESSENTIALS IN PEDIATRIC OPHTHALMOLOGY

SESSION 10

Chairpersons: *Dr. Hiranya Abeysekera, Dr. Hasanka Peiris*

4.10 p.m. – 4.22 p.m.

Current Paradigms of Pediatric Cataract Surgery
Dr. Vaishali Vasavada

4.22 p.m. – 4.34 p.m.

Management of Childhood Glaucoma: Emerging Therapies in the Last Decade
Dr. Jocelyn Chua

4.34 p.m. – 4.46 p.m.

Congenital Cataract Surgery: Myths vs. Facts
Professor Tetsuro Oshika

4.46 p.m. – 4.58 p.m.

Retinoblastoma in Sri Lanka
Dr. Hiranya Abeysekera

4.58 p.m. – 5.10 p.m.

Prevention and Management of Complications of Squint Surgery
Dr. Anusha Tennekumbura

COLLEGE BANQUET

07.30 p.m. onwards
Lotus Ballroom, Shangri-La, Colombo

SUMMARY OF PRESENTATIONS

34th ANNUAL CONGRESS - COSL

USING THE OPTIC DISC TO EVALUATE GLAUCOMA

Dr. Pradeepa K. Siriwardena

Correct Optic disc evaluation is important in the diagnosis and management of glaucoma. Disc photographs are important as a baseline for further evaluation.

Large optic cup; asymmetry of the optic cup and progressive enlargement of the optic cup are generalized changes

Focal loss or notching of the neuroretinal rim; vertical elongation of the optic cup, retinal nerve fiber layer hemorrhage and segmental nerve fiber layer loss are localized signs while exposure of the lamina cribrosa, nasal displacement of vessels, barring of circumlinear vessels and Beta (β) zone peripapillary atrophy also occur.

Glaucomatous damage tends to affect the inferior and superior poles of the optic nerve head, especially in the early stages of disease.

Clinical determination of the cup– disc ratio is an imprecise method for documenting the extent of optic nerve damage in glaucoma.

It is important to correlate the optic cup appearance with the visual field.

It is important to know that there are other causes of optic disc cupping which can mimic glaucoma. Detailed history and review of old records is important in differentiating these conditions (some of which may be life threatening) from glaucoma.

THE EVOLUTION OF MINIMALLY INVASIVE GLAUCOMA SURGERY (MIGS)

Associate Professor Shamira Perera

MIGS continues to be a hot topic in glaucoma circles. We now have longer term data and comparison studies and registry data about their use. The devices themselves are evolving and improved techniques too have optimised their use. This talk seeks to summarise the evolution in pre op assessment. Intra operative use and post op management to get the best from these devices.

COMBINED DEEP SCLERECTOMY AND TRABECULECTOMY – OPTIMISING FILTRATION SURGERY

Mrs. Punitha Ranjith

Non-penetrating glaucoma surgery evolved from early observations by Edward Epstein in the 1950s and Mikhail Krasnov in the 1960s, who described deep scleral dissection and externalization of Schlemm's canal. Fyodorov and Koslov subsequently refined deep sclerectomy into a modern non-penetrating procedure, while Zimmerman highlighted the juxtacanalicular trabecular meshwork and inner Schlemm's canal wall as major sites of resistance. Deep sclerectomy facilitates aqueous percolation through the trabecula-Descemet's membrane into an intrascleral lake and to subconjunctival or suprachoroidal pathways. Although effective, fibrosis may increase resistance over time, and Nd: YAG gonio puncture can enhance filtration when needed. We evaluated a combined procedure incorporating deep sclerectomy with trabeculectomy, and mitomycin C, aiming to combine the advantages of both techniques and achieve sustained intraocular pressure (IOP) reduction. In our seven-year study (2010–2017), published in the International Journal of Ophthalmology in 2022, complete success was achieved in 85.7%. Postoperative glaucoma medication use decreased significantly, while IOP reduction remained stable throughout follow-up. Best-corrected visual acuity and Humphrey 24-2 mean deviation showed no significant deterioration. Pattern standard deviation improved significantly, suggesting enhanced functional stability following IOP control.

Combined deep sclerectomy-trabeculectomy appears to be a reliable long-term option for moderate-to-advanced glaucoma. Larger multicentre comparative studies incorporating structural outcomes are warranted.

HIGH IOP AFTER GDD: EVALUATION AND WHAT NEXT?

Dr. Sirisha Senthil

Raised IOP following glaucoma drainage device (GDD) surgery requires a systematic approach to identify the cause and guide management. The duration since surgery, bleb/plate appearance, anterior segment status, and tube position and patency are key to distinguishing the hypertensive phase from tube obstruction, bleb encapsulation, or true surgical failure.

Early postoperative IOP elevation may represent the hypertensive phase, particularly with valved devices, and can often be managed initially with aqueous suppressants. Persistent or late IOP elevation should prompt assessment for tube blockage by fibrin, blood, vitreous or iris, tube malposition, or an encapsulated bleb.

Management should be cause-directed and stepwise, beginning with medical therapy when appropriate. Depending on the underlying mechanism, interventions may include relieving tube obstruction, tube flushing, bleb needling, excision of an encapsulated bleb wall, or valve/tube manipulation or slicing. Anterior segment abnormalities should be addressed when they contribute to obstruction or impaired drainage.

When these measures fail, it is important to establish whether the GDD has truly failed before proceeding to further surgery. Options may include GDD revision or replacement, cyclodestructive procedures, or alternative glaucoma surgery.

Thus, high IOP after GDD does not necessarily indicate device failure; careful clinical assessment can identify reversible causes and enable targeted intervention

CURRENT MANAGEMENT ALGORITHM FOR PRIMARY ANGLE-CLOSURE SUSPECT (PACS), PRIMARY ANGLE CLOSURE (PAC), AND PRIMARY ANGLE-CLOSURE GLAUCOMA (PACG)

Dr. Lalitha Senarath

Algorithm of Current Management of Primary Angle-Closure Disease

Primary angle-closure disease (PACD) is a spectrum ranging from primary angle-closure suspect (PACS) and primary angle closure (PAC) to primary angle-closure glaucoma (PACG). Management aims to prevent or reverse angle closure, control intraocular pressure (IOP), prevent optic-nerve damage, and preserve vision. Gonioscopy is essential for diagnosis and for assessing the angle after treatment.

Clinical assessment and Investigations

Perform visual acuity, IOP measurement, slit-lamp examination, optic-disc assessment, gonioscopy, and visual-field/structural glaucoma assessment when appropriate. Anterior-segment OCT or ultrasound biomicroscopy can help evaluate angle anatomy and mechanisms such as plateau iris. Primary angle-closure suspect (PACS)

Management is individualized according to the extent of angle closure, risk factors, fellow-eye status, and patient characteristics. Observation with regular gonioscopy may be appropriate in selected low-risk patients, while laser peripheral iridotomy (LPI) can be considered when the risk of progression or acute angle closure is significant. Patient education and appropriate follow-up are important.

Primary angle closure (PAC) / PACG

If pupillary block is present, LPI is the principal initial treatment. After LPI, repeat gonioscopy is performed to determine whether the angle has opened. Persistent angle closure may result from plateau iris, lens-related crowding, or peripheral anterior synechiae (PAS).

If the lens is a major contributing factor, lens extraction (cataract extraction or, in selected patients, clear-lens extraction) should be considered. Lens extraction can substantially deepen the anterior chamber, widen the angle, and reduce IOP; current evidence supports its use in appropriate PAC/PACG patients.

Acute angle-closure crisis (AACC)

AACC is an ophthalmic emergency. Immediately lower IOP using appropriate topical/systemic aqueous-suppressant therapy; osmotic agents may be required when IOP is very high. Miotics may be used when effective. Once the cornea clears sufficiently, perform urgent LPI. If LPI cannot initially be performed because of severe corneal edema or iris congestion, laser iridoplasty or anterior-chamber paracentesis may help break the attack, followed by definitive LPI.

The fellow eye should be assessed promptly and generally needs prophylactic LPI when anatomically at risk.

Persistent IOP elevation after angle-opening treatment

If IOP remains above the individualised target, initiate or intensify topical IOP-lowering therapy. In selected cases, laser iridoplasty, gonio-synechialysis, or other procedures may be appropriate. When medical and laser treatment are insufficient, incisional glaucoma surgery may be required. All patients need Long-term follow-up

Regular monitoring with IOP, gonioscopy, optic-nerve assessment, and visual fields is essential. Treatment should be modified according to IOP control and evidence of glaucomatous progression.

Summary

Diagnose → assess mechanism and severity → acute crisis? Lower IOP urgently → LPI → repeat gonioscopy → lens extraction if lens-related/persistent closure → IOP-lowering medication if required → glaucoma surgery if uncontrolled → lifelong follow-up.

ROLE OF MIGS IN ANGLE-CLOSURE GLAUCOMA ALONG WITH CATARACT EXTRACTION

Dr. Sirisha Senthil

The role of minimally invasive glaucoma surgery (MIGS) is expanding across the primary angle-closure disease spectrum, particularly when combined with cataract extraction. Increasing evidence suggests that cataract surgery combined with MIGS can provide greater IOP reduction and medication independence than cataract extraction alone, while maintaining the safety advantages of minimally invasive procedures.

In eyes with goniosynechiae, combining cataract extraction with goniosynechiolysis and MIGS can restore access to the trabecular outflow pathway and enhance aqueous drainage. Careful preoperative assessment of the extent and location of synechial closure, angle anatomy, and optic nerve damage is essential for appropriate patient selection. This combined approach may offer better surgical efficacy with a wider safety margin, particularly in eyes where conventional filtering surgery carries greater risk.

Thus, cataract extraction, goniosynechiolysis, and appropriately selected MIGS procedures may provide an effective, relatively safe, and less invasive treatment strategy for selected patients with angle-closure glaucoma.

DIFFERENT PRESENTATION OF ANGLE CLOSURE AND MANAGEMENT APPROACH

Mrs. Punitha Ranjith

Primary angle closure disease (PACD) is a spectrum and multifactorial disorder in which the angle is a dynamic structure influenced by anatomical and physiological factors. Anterior segment biometry, axial length, anterior chamber depth, iris configuration, lens thickness, lens vault, angle anatomy and choroidal thickness contribute variably to disease expression. PACD may present as primary angle closure suspect, primary angle closure with irido-trabecular contact, primary angle closure glaucoma (PACG) with or without peripheral anterior synechiae, or acute angle closure. Evolving presentations include normal-tension glaucoma, retinal vein occlusion, non-arteritic anterior ischaemic optic neuropathy and corneal endothelial dysfunction, potentially reflecting missed intermittent IOP spikes. Management is increasingly considered bilaterally, particularly in advanced unilateral disease or associated vascular or optic nerve events. Younger patients may undergo laser iridotomy, whereas lens-related mechanisms in older patients often require bilateral sequential cataract surgery. Cataract surgery alone may not restore trabecular function in established angle closure. We therefore combine cataract surgery with or without gonio-synechialysis, Visco-canaloplasty and Trabeculotomy using the OMNI system. In a two-year audit of 134 eyes, over 65% had 34% IOP reduction, 86.5% achieving IOP <21 mmHg, and 64% becoming medication-free. IOP spikes occurred in 8.9% and additional surgery was required in 5.2%. This approach provided sustained IOP control and improved patient outcomes.

**STEVENS–JOHNSON SYNDROME AND TOXIC EPIDERMAL NECROLYSIS: FROM ACUTE CRISIS
TO CHRONIC OCULAR SURFACE RECONSTRUCTION**

Dr. Geetha Iyer

Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN) can result in devastating and lifelong ocular morbidity. While the acute systemic episode is often dramatic, the subsequent ocular course may be determined by events occurring during the acute phase and by the recognition and management of individual components of chronic ocular surface disease.

This presentation will follow the journey of the SJS eye from acute epithelial inflammation through cicatrization to chronic ocular surface failure. The importance of early ocular assessment and intervention will be highlighted, followed by a component-based approach to chronic disease. Tear deficiency, punctal abnormalities, lid-margin keratinization and blink-related mechanical trauma, cicatrization, limbal stem cell deficiency and persistent epithelial damage must each be identified and addressed rather than treating "chronic SJS" as a single entity.

The emphasis will be on stabilizing and optimizing the ocular surface before attempting visual rehabilitation. Options ranging from tear preservation and correction of lid-related trauma to scleral lenses, mucous membrane grafting and ocular surface reconstruction will be discussed. Allogeneic limbal stem cell transplantation and keratoprosthesis have important roles in carefully selected end-stage eyes.

SJS is neither a one-visit nor a one-surgery disease. Successful rehabilitation requires individualized, sequential intervention and lifelong partnership with the patient.

**BOSTON KERATOPROSTHESIS VERSUS OSTEO-ODONTO-KERATOPROSTHESIS: THE ULTIMATE
KERATOPROSTHESIS DECISION**

Dr. Geetha Iyer

Keratoprosthesis can restore vision in eyes in which conventional corneal transplantation has little or no chance of success. However, the critical question is not simply when to perform a keratoprosthesis, but which keratoprosthesis for which ocular surface.

This presentation will provide a practical framework for selecting between Boston Type I, Boston Type II and osteo-odonto-keratoprosthesis (OOKP). Patient selection begins with careful assessment of the ocular surface, tear status, blink and eyelid function, degree of keratinization and cicatrization, visual potential, glaucoma and posterior segment status. A relatively wet ocular surface with adequate lid function may permit Boston Type I implantation, whereas a severely dry, keratinized end-stage ocular surface requires a different strategy.

For such eyes, the choice between Boston Type II and OOKP requires further individualized decision-making. Dentition, suitability for general anaesthesia, ocular and systemic status, visual potential, ability to undergo staged procedures and lifelong follow-up, together with the availability of appropriate surgical expertise, infrastructure and mentorship, all influence the final choice.

Long-term successful keratoprosthesis rehabilitation is possible, but the procedure must fit the patient-not the other way around. The ocular surface ultimately determines the keratoprosthesis.

IMMUNOSUPPRESSIVE THERAPY IN OCULAR SURFACE DISEASE: WHEN, WHY, AND HOW TO TREAT

Dr. Geetha Iyer

Systemic immunosuppression has a critical but highly disease-specific role in ocular surface disease. The challenge lies not merely in choosing an immunomodulatory agent, but in recognizing when to initiate treatment, how aggressively to treat, and when immunosuppression is unlikely to address the underlying cause of ocular surface inflammation.

This presentation will provide a practical approach across the spectrum of immune-mediated ocular surface disease. In ocular cicatricial pemphigoid/mucous membrane pemphigoid, early and adequate systemic immunosuppression is central to preventing progressive cicatrization, with escalation guided by disease activity and response. In contrast, systemic immunosuppression has a limited role in most chronic Stevens-Johnson syndrome, where dryness, lid-margin keratinization, trichiasis and mechanical trauma frequently drive persistent inflammation.

The role of systemic therapy in Sjogren Disease, rheumatoid arthritis, corneal melt, peripheral ulcerative keratitis and necrotising scleritis will also be highlighted, together with perioperative immunomodulation for elective and emergency ocular surgery.

Successful treatment requires disease-specific decision-making, appropriate monitoring and close collaboration with rheumatologists, dermatologists and immunologists. The ophthalmologist must know when to observe, when to collaborate and when to escalate urgently.

CHANGING PARADIGMS IN THE DIAGNOSIS AND TREATMENT OF OPTIC NEURITIS

Professor Karl Golnik

"Optic Neuritis" is no longer a diagnosis. Now we must determine what kind of optic neuritis. This talk will compare and contrast features and management of optic neuritis due to multiple sclerosis (MS), neuromyelitis optica (NMO) and myelin oligodendrocyte glycoprotein antibody disease (MOGAD).

CHALLENGING CASES IN NEURO-OPHTHALMOLOGY: DEMYELINATION AND BEYOND

Dr. Dunya Luke, Dr. Kishara Gunaratne

Optic neuritis and its mimics are underrecognised neuro-ophthalmological presentations, but the differential diagnosis extends beyond typical demyelinating diseases. Patients tend to present late, making the diagnosis and treatment even more difficult.

It is important to have other differential diagnoses in mind and to consider atypical features. Investigations are always helpful and important for supporting the diagnosis of demyelination and for excluding other differentials.

The treatment for optic neuritis carries an aggressive course in severe cases, and, excluding infections, infiltration is very important. The cases discuss will highlight interesting diagnostic and therapeutic challenges, especially in resource-limited settings.

BILATERAL AND YOUNG, SCARY?

Dr. Deepanee Wewalwala

Bilateral advanced optic nerve involvement in a young person generally make ophthalmologists anxious. A case of bilateral severe optic atrophy in a 15-year-old boy with albinoidism and a case of 20 yr old girl with bilateral disc oedema associated with uveitis is discussed.

LOCALIZING DIPLOPIA: CLINICAL PEARLS FOR PRECISE DIAGNOSIS

Professor Karl Golnik

This talk will cover crucial portions of the ocular motility exam and assessment of important "fellow travelers" in any patient who complains of double vision. Relevant historical factors will also be discussed.

TORIC IOLS: KEYS TO CONSISTENT SUCCESS

Professor Tetsuro Oshika

Toric intraocular lenses (IOLs) have become the standard of care for correcting corneal astigmatism during cataract surgery, providing superior refractive predictability, visual quality, and spectacle independence. However, achieving optimal refractive outcomes with near-zero residual cylinder requires a systematic, evidence-based approach across all phases of patient care.

This lecture outlines the essential pillars for mastering toric IOL implantation. Key preoperative factors include ocular surface optimization, cross-referencing multiple diagnostic devices, and utilizing modern toric calculators that account for posterior corneal astigmatism. Intraoperatively, precision relies on compensating for postural cyclotorsion, ensuring accurate axis alignment through digital guidance or careful manual marking, and achieving complete ophthalmic viscosurgical device (OVD) removal to prevent early postoperative rotation.

Postoperatively, recognizing that the highest risk of rotational instability occurs within the immediate hours following surgery is vital for patient counseling and activity restriction. Finally, this session addresses the management of residual astigmatism, including indications, optimal timing, and techniques for secondary surgical realignment. By integrating these critical pearls into routine clinical practice, surgeons can minimize refractive surprises, maximize optical performance, and achieve exceptional patient satisfaction.

APPROACH TO INTRAOPERATIVE PCR

Dr. Shail Vasavada

Through this presentation we aim to highlight as to how to recognize a Posterior capsule rupture early and then a step-by-step management of the case to optimize near normal outcomes

TAMING THE UNRULY IRIS

Dr. Vaishali Vasavada

This video-based talk will focus on problems with iris arising either during surgery such as a small pupil or floppy iris, or preexisting problems such as iridodialysis, and how to manage them effectively so as to ensure minimal damage to the pupil and iris and give reproducible outcomes every time such a situation arises. It will focus on surgical techniques to work with floppy, small pupils, fluidic parameters and the role of adjuncts like viscoelastics and pupillary dilatation devices. It will also showcase techniques to reduce iris prolapse during hydrodissection and minimally invasive iridodialysis repair.

MANAGING DIFFICULT SITUATIONS - MATURE & TRAUMATIC CATARACTS

Dr. Shail Vasavada

traumatic cataract can be a Pandora's box and very often the long-term outcomes are not very good due to the inflammatory sequelae. Through this presentation we aim to highlight the steps to manage this difficult situation and achieving long term consistent outcomes

COMPLEX CATARACT AND BEYOND: STRATEGIES THAT WORK

Professor Tetsuro Oshika

In ophthalmic surgery, unexpected challenges are an inherent part of daily practice. Intraoperative reality frequently defies preoperative plans, whether from complex ocular anatomy, variable patient factors, or team dynamics.

Handling these situations calmly is a skill built on a broad surgical toolbox. This is developed not only by thoroughly digesting your own past cases until their lessons become instinct, but also by absorbing insights from the experiences of colleagues. Expanding this collective knowledge prepares you to navigate unforeseen hurdles with a wider range of options and greater composure.

This lecture explores practical strategies for managing complex cataract and anterior segment surgeries through real-world cases. The focus is on surgical reasoning rather than isolated maneuvers: anticipating risks, modifying plans mid-procedure, and maintaining team control under pressure. Rather than presenting a polished highlight reel, we will candidly examine the hesitations, pivots, and real-time adjustments required during critical moments. Attendees will gain actionable techniques and a clear decision-making framework to respond with intention and confidence.

IN 2030, WILL THE FIRST TEST WE ORDER FOR AN RVO PATIENT BE AN OCT — OR A BLOOD TEST?

Dr. Saminda Paranaheewa, Sumindu Edirisooriya

Retinal vein occlusion (RVO) is the second most common vision-threatening retinal vascular disorder, increasingly recognised as a marker of systemic vascular disease rather than an isolated ocular event. This interactive session debates whether initial work-up should prioritise OCT or systemic blood testing.

Current guidelines confirm no routine labs are needed to diagnose classic RVO, while OCT/OCT-A biomarkers directly guide anti-VEGF versus corticosteroid therapy and predict visual outcome. Conversely, 2025 Mendelian randomization data show causal links between RVO and hypertension, diabetes, and elevated BMI, reinforcing the need for systemic screening. Yet indiscriminate thrombophilia testing shows poor yield and limited impact on management, highlighting the need for a tiered rather than reflexive approach.

Emerging AI-based "oculomics" research suggests retinal imaging alone may soon predict systemic cardiovascular risk with accuracy rivalling blood-based screening. We conclude that OCT and targeted basic bloods together — not one before the other — represent best current practice, with AI potentially merging both pathways by 2030.

GENE THERAPY FOR DIABETIC RETINOPATHY: FROM CONCEPT TO CLINICAL TRIAL

Dr. Chanika Gamage

Diabetic retinopathy remains a leading cause of preventable visual impairment worldwide. Current treatments for sight-threatening disease, including anti-VEGF therapy, corticosteroids and laser photocoagulation, are effective but often require repeated interventions. Gene therapy offers the potential for sustained intraocular production of therapeutic proteins following a single administration. Advances in viral vector technology have enabled targeted retinal gene delivery, supporting approaches such as continuous anti-VEGF expression and modulation of angiogenic and inflammatory pathways. Despite promising preclinical and early clinical developments, challenges remain regarding safety, immune responses, durability and optimal delivery. This presentation explores the evolving potential of gene therapy to transform diabetic retinopathy management.

CURRENT PARADIGMS OF PEDIATRIC CATARACT SURGERY

Dr. Vaishali Vasavada

This video-based talk will highlight the key paradigms for successfully managing a pediatric cataract and ensure optimal anatomical outcomes. It will showcase complex scenarios such as persistent fetal vasculature and will discuss various options for posterior capsulorrhexis and primary intraocular lens implantation when dealing with cataracts in infants and very young children.

MANAGEMENT OF CHILDHOOD GLAUCOMA: EMERGING THERAPIES IN THE LAST DECADE

Dr. Jocelyn Chua

The challenge in childhood glaucoma management is due to the refractory nature of the disease. Novel as well as ingenious modifications of existing therapeutic options have expanded the available armamentarium intended to control intraocular pressure and retard progression over a decades-long lifespan. Recognition of their therapeutic benefits have led to growing popularity and increased adoption. We will review the spectrum of emerging medical and surgical therapies that have found utility in the management of children with glaucoma.

CONGENITAL CATARACT SURGERY: MYTHS VS. FACTS

Professor Tetsuro Oshika

Congenital cataract management has long been influenced by clinical dogmas and historical controversies. Traditional beliefs often held that primary intraocular lens (IOL) implantation in early infancy should be avoided due to concerns regarding severe intraocular inflammation, secondary glaucoma, and unpredictable refractive growth. However, long-term multicenter evidence accumulated over the past decades has clearly separated clinical myths from facts.

Recent long-term data demonstrate that pseudophakic eyes achieve significantly superior visual outcomes compared with aphakic eyes. Contrary to the myth that IOL implantation elevates glaucoma risk, long-term studies reveal that aphakic eyes carry an approximately 20% incidence of secondary glaucoma, whereas pseudophakic eyes demonstrate a markedly lower risk. While visual axis opacification (VAO) remains more frequent in pseudophakic eyes due to active lens epithelial cell proliferation, timely secondary surgical intervention effectively resolves this issue without compromising final visual acuity. Furthermore, postoperative refractive changes follow an exponential myopic trajectory, highlighting the necessity of lifelong optical correction and surveillance.

This lecture critically re-evaluates conventional assumptions against robust real-world evidence. By clarifying critical intervention timing, surgical techniques, and postoperative management, we aim to establish modern, evidence-based strategies that optimize lifelong visual function in children with congenital cataracts.

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34th ANNUAL CONGRESS - COSL

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COSL OP 01

**IMPROVING QUALITY AND EFFICIENCY OF PTERYGIUM SURGERY: A CLINICAL AUDIT OF
SUTURELESS VERSUS SUTURED CONJUNCTIVAL AUTOGRAFT FIXATION BY FIRST-YEAR
TRAINEES**

MNA Ahamed, TBMJ de Silva, JD Dias

Introduction & Objectives: Sutured conjunctival autografting following pterygium excision may increase operative time, resource use and postoperative discomfort. This audit evaluated whether sutureless, glue-free fixation using autologous blood improves efficiency and patient comfort while maintaining safety.

Material and Methods: A prospective comparative clinical audit included 30 eyes with primary Grade 2 or 3 pterygia: 15 underwent sutured and 15 sutureless autograft fixation. Procedures were performed concurrently to minimize and learning-curve bias. Operative time, postoperative pain, foreign-body sensation (FBS), epiphora, graft stability and six-month recurrence were assessed. Symptoms were graded using a five-point (0–4) scale adapted from Lim-Bon-Siong et al. Between-group comparisons used the Mann–Whitney U test.

Results: Mean operative time decreased from 42.3 to 21.7 minutes with sutureless fixation, a 48.7% reduction. Early postoperative assessment showed lower pain, FBS and epiphora with sutureless fixation. At Day 7, pain (median 0 versus 1; $p=0.028$) and FBS (0 versus 1; $p<0.001$) were significantly lower. No graft loss occurred; one sutureless graft developed dehiscence (6.7%). Six-month recurrence was 0/15 versus 1/15.

Discussion and Conclusion: Sutureless fixation improved operative efficiency and postoperative comfort while eliminating suture requirements. It represents a patient-centred, resource-efficient quality-improvement strategy for appropriately selected pterygia, with continued surveillance, re-audit and research warranted.

Keywords: Pterygium; clinical audit; conjunctival autograft; sutureless; quality improvement

COSL OP 02

**500 EYES, TWO DAYS: REFRACTIVE ACCURACY AND SURGICAL OUTCOMES FOLLOWING
HIGH-VOLUME CATARACT SURGERY**

K Niruththan, NP Nanayakkara, PADV Gunasekara, MI Jayasundera, RMSK Abeysekera

Introduction: Cataract surgery in outreach settings requires accurate intraocular lens (IOL) power calculation despite resource limitations. Ultrasound biometry is widely available, but its performance in cataract camps is less well established. This study evaluated refractive accuracy, biometric associations, and visual outcomes following a two-day cataract camp jointly organised by the College of Ophthalmologists of Sri Lanka (COSL) and Ministry of Health at Teaching Hospital Badulla in January 2026.

Methods: A retrospective observational study included operated eyes with available biometry, IOL power, postoperative refraction, and visual acuity. Data were analysed using SPSS version 27. The primary outcome was refractive prediction error; secondary outcomes included accuracy within ± 0.50 D and ± 1.00 D, associations with axial length and keratometry, and WHO outcomes.

Results: Of 498 operated eyes, 442 met inclusion criteria. Mean age was 66.80 ± 8.49 years; 60.0% were female. Mean implanted IOL power was 21.95 ± 1.86 D. Postoperative BCVA was 6/12 or better in 90.3% of eyes. Mean target refraction was -0.513 ± 0.108 D, postoperative refractive outcome (spherical equivalent) -0.255 ± 0.598 D, mean signed error $+0.258 \pm 0.600$ D, and mean absolute error 0.480 ± 0.442 D. Overall, 61.7% achieved ± 0.50 D and 92.0% achieved ± 1.00 D. Refractive outcome was not significantly associated with axial length or keratometry. Complications occurred in 8.8%, with surgical complications in 5.8%; surgical difficulty was significantly associated with both.

Conclusion: Cataract surgery during this camp achieved WHO-recommended visual outcomes, with 90.3% achieving 6/12 or better. Ultrasound biometry demonstrated acceptable refractive predictability and remains a practical tool for cataract camps. Further prospective studies comparing biometry modalities are warranted.

Keywords: Cataract camp, Ultrasound biometry

COSL OP 03

**BARRIERS AND DETERMINANTS OF GLAUCOMA MEDICATION ADHERENCE AMONG
PATIENTS ATTENDING THE UNIVERSITY HOSPITAL KOTELAWALA DEFENSE UNIVERSITY
OPHTHALMOLOGY CLINIC**

*M Shajahan, DAK Dissanayaka, SD Aluthge, SMSR Bandara, AGNK Alakolanga, PK Paranali-
yange, SRDA Seneviratne, P Anand*

Introduction: Glaucoma is a chronic progressive optic neuropathy and a leading cause of irreversible blindness. Adherence to intraocular pressure-lowering medications is essential to prevent vision loss, yet non-adherence remains a major challenge. In Sri Lanka, data on adherence and patient barriers are limited, making it important to identify these factors to guide effective interventions.

Objectives: To identify barriers and determinants influencing adherence to glaucoma medication among patients attending the University Hospital Kotelawala Defence University ophthalmology clinic.

Methods: A descriptive cross-sectional study was conducted from March to September 2025 at the UHKDU Ophthalmology Clinic among 119 glaucoma patients aged ≥ 18 years on treatment for at least six months. Participants were recruited via convenience sampling and interviewed using a pre-tested questionnaire. Medication adherence was assessed using the Morisky Medication Adherence Scale (MMAS-8). Data were analyzed using descriptive and inferential statistics, with chi-square tests for associations ($p < 0.05$).

Results: 58.0% were adherent and 42.0% non-adherent. No socio-demographic or economic factors were significantly associated with adherence except regular clinic attendance. Main barriers were forgetfulness (38.7%) and cost (16.9%). A clear knowledge gap existed, with 76.5% believing glaucoma causes only temporary vision changes and 56.3% not using reminder systems.

Conclusions: Regular clinic attendance is the only factor significantly associated with better adherence, emphasizing patient engagement, while forgetfulness is not significantly associated and, along with limited reminder use and poor knowledge of glaucoma's risk of permanent blindness, highlights key gaps.

Key words: Glaucoma, Medication Adherence, clinic attendance, Sri Lanka

COSL OP 04

EARLY VITRECTOMY IN PDR: A SYSTEMATIC REVIEW AND META-ANALYSIS

*PFSC Fonseka, R Casson, MP Piyasena, G Gunawardena, CA Madusanka, D Yapa, M
Gunaratne, J Gilhotra, U Senarath, DMMDB Dhanapala*

Introduction: Management of DR adopts a more reactive approach reserving vitrectomy for late-stage disease and mechanical complications. Modern technological advances have reduced vitrectomy complications. This systematic review and meta-analysis evaluated the effectiveness of early vitrectomy compared to medical management for DR.

Methodology: The PubMed, Cochrane CENTRAL and CSDR databases were searched to January 2026 for relevant randomised controlled trials (RCTs). Four studies on diabetics vitreous haemorrhage (VH) and two studies on DR with fibrous proliferations were included. Heterogeneity was assessed using the Joanna Briggs Institute checklist. Random effects meta-analysis was performed if sufficient data was available.

Results: Six RCTs were included: four addressing VH (928 participants) and two addressing fibrovascular proliferation (550 participants). In patients with VH early vitrectomy produced significantly better visual outcomes at approximately 2 months ($Z=10.02$, $P<0.001$) and 6 months ($Z=2.84$, $p<0.05$), but not at two years ($Z=0.35$, $P<0.724$). Early surgery also resulted in faster VH clearance. Evidence for PDR with fibrous proliferations was conflicting and could not be quantitatively pooled.

Conclusion: Early vitrectomy enables faster visual acuity improvement in patients with diabetic VH with minimal complications when modern surgical techniques are employed. The studies on the utility of early vitrectomy for DR with fibrous proliferations are contradictory. The available studies were of a small scale, had not addressed important confounding factors inseparably linked with the pathogenesis of DR, had several drawbacks in terms of study design and leave many questions unanswered. Large-scale, well-designed clinical trials are a timely need to make definitive conclusions.

COSL OP 05

AN ONGOING CLINICAL AUDIT: HbA1c VERSUS FASTING BLOOD SUGAR IN DIABETIC MACULAR OEDEMA

P Vaishnavan, K Kiriyan, PMT Warnakula, TD Munasinghe, NPPS Premaratne, KN Goonerathne

Introduction: Diabetic Macular Oedema (DME) is the most common condition requiring intravitreal anti-VEGF therapy- bevacizumab (IVB). Despite optimal fasting blood sugar (FBS) control, some patients show poor response. This ongoing audit evaluates whether HbA1c is a more reliable indicator of glycaemic control in DME.

Method: This ongoing audit commenced on 20 May 2026, includes patients with DME who received IVB injections at our unit. FBS, HbA1c, and anatomical disease status assessed by macular optical coherence tomography (OCT) were collected during pre-procedure assessment. Following IVB treatment, follow-up macular OCT was arranged 6 weeks after the last injection to assess anatomical disease progression and visual function. Patients with very poor glycaemic control were advised to postpone IVB until more desirable glycaemic control was achieved. Health education regarding glycaemic control was provided.

Results: Thirty patients with DME were included. Persistent DME was observed in 16 patients, while 14 demonstrated anatomical improvement on OCT. Among patients with persistent DME, 10 (62.5%) had FBS <120 mg/dL and 6 (37.5%) had FBS ≥120 mg/dL. All 14 patients with anatomical improvement had FBS <120 mg/dL. In contrast, all 16 patients with persistent DME had HbA1c >7%, whereas all 14 patients with anatomical improvement had HbA1c <7%.

Conclusion: HbA1c appears to be a more useful indicator of glycaemic control in relation to anatomical response in DME than FBS. Incorporating HbA1c into DME monitoring may facilitate systemic disease management, patient education and counselling, and potentially reduce unnecessary escalation of ocular therapy, contributing to more cost-effective care.

COSL OP 06

REAL-WORLD FIRST-LINE IVB-SCTA VERSUS DEXAMETHASONE IMPLANT FOR RVO MACULAR OEDEMA: RESPONSE, DURABILITY AND COST

P Sriharanathan

Introduction & objectives: Intravitreal dexamethasone implant (IDI) and combined intravitreal bevacizumab with suprachoroidal triamcinolone (IVB-SCTA) are both used as first-line therapy for retinal vein occlusion (RVO)-related macular edema, but local cost differs approximately 13-fold (IDI ~US\$330 versus IVB-SCTA ~US\$25). We compared real-world outcomes of these two approaches in treatment-naïve eyes.

Material and methods: Retrospective, non-randomized comparative case series of 28 treatment-naïve eyes with RVO-related macular edema (IVB-SCTA, n=15; IDI, n=13). Best-corrected visual acuity (BCVA, logMAR) and central foveal thickness (CFT, optical coherence tomography) were assessed at baseline and 3 months; recurrence was tracked for at least 6 months.

Results: IVB-SCTA achieved significantly greater CFT reduction than IDI (274.6 versus 75.0 micrometers; $p=0.011$), concentrated mainly in central RVO ($p=0.015$) rather than branch RVO, though groups were imbalanced by RVO subtype. BCVA gain was numerically but not statistically greater with IVB-SCTA (0.383 versus 0.028 logMAR; $p=0.13$). Non-response occurred in 0 of 15 IVB-SCTA eyes versus 3 of 13 IDI eyes ($p=0.087$). Among initial responders, recurrence-free survival did not differ significantly (log-rank $p=0.831$), though this comparison was underpowered.

Discussion and conclusion: In this small, retrospective, real-world comparison, first-line IVB-SCTA produced significantly greater short-term anatomical improvement than IDI, particularly in central RVO, at roughly one-thirteenth the cost, with comparable but underpowered visual and durability outcomes. These findings support IVB-SCTA as a cost-effective first-line option and warrant prospective confirmation.

Key words: retinal vein occlusion; macular edema; suprachoroidal triamcinolone; dexamethasone implant; cost-effectiveness

COSL OP 07

DIAGNOSTIC YIELD AND CLINICAL UTILITY OF MULTIMODAL VISUAL ELECTROPHYSIOLOGY IN A NATIONAL TERTIARY REFERRAL CENTRE: AN EIGHT-YEAR EXPERIENCE FROM SRI LANKA

TD Munasinghe, PMT Warnakula, DHH Wariyapola

Introduction & Objectives: Multimodal visual electrophysiology provides objective assessment of retinal and visual pathway function, complementing structural imaging in patients with unexplained visual dysfunction. We evaluated the diagnostic yield, referral patterns and spectrum of electrophysiological abnormalities at a national tertiary referral centre over an eight-year period.

Materials and Methods: A retrospective review of 634 consecutive electrophysiological studies performed between 2018 and 2026 was conducted. Full-field electroretinography, pattern electroretinography, multifocal electroretinography, visual evoked potentials and electro-oculography were performed according to International Society for Clinical Electrophysiology of Vision standards. Referral indications, investigations performed and electrophysiological diagnoses were analysed using descriptive statistics.

Results: Of 634 studies, 531 (83.8%) demonstrated abnormal electrophysiological findings. Annual referrals increased from 23 studies in 2018 to 116 in 2024, reflecting substantial expansion of the service. Night blindness (35.0%) and unexplained visual impairment (22.4%) were the commonest referral indications. The predominant electrophysiological diagnoses were macular dysfunction (13.6%), severe generalised retinal dysfunction (12.1%), rod-cone dystrophy/retinitis pigmentosa spectrum (11.8%) and optic nerve dysfunction (11.5%). Full-field electroretinography and pattern electroretinography were the most frequently utilised investigations.

Discussion & Conclusion: This study demonstrates a high diagnostic yield and the expanding role of multimodal visual electrophysiology in evaluating inherited retinal disease, macular disorders and optic nerve dysfunction. The progressive growth of this tertiary referral service highlights the increasing demand for objective functional assessment beyond structural imaging and supports continued development of specialised electrophysiology services in Sri Lanka.

Keywords: Electroretinography; Visual electrophysiology; Diagnostic yield; Inherited retinal disease; Sri Lanka

COSL OP 08

CANCER IMMUNOTHERAPY ASSOCIATED UVEITIS: CLINICAL FEATURES AND OUTCOMES

S Waduthantri

Introduction & Objectives: Cancer immunotherapy, particularly immune checkpoint inhibitors (ICIs) targeting PD-1/PD-L1 and CTLA-4 pathways, has transformed the treatment of advanced malignancies. However, immune-related adverse events may affect multiple organ systems, and ocular adverse events are uncommon. We aimed to characterize the clinical features, management, and outcomes of ICI-associated uveitis in patients presenting to a tertiary eye centre.

Material & Methods: This was a retrospective case series of eight patients who developed uveitis following ICI therapy for underlying malignancy. Clinical features, ocular imaging findings, treatment and outcomes were reviewed.

Results: Five with presented with anterior uveitis and three with panuveitis. The ICI regimens included combined ipilimumab and nivolumab (n=4) and pembrolizumab (n=4), administered for metastatic sarcomatoid mesothelioma, renal cell carcinoma, malignant melanoma, and breast carcinoma. Clinical features included granulomatous and non-granulomatous keratic precipitates, hypopyon, exudative retinal detachment, choroidal thickening, choroidal granulomas, and sunset-glow fundus. All patients responded to topical and/or systemic corticosteroids without the need for long-term immunosuppression or discontinuation of ICI therapy. However, patients experienced relapses following repeated ICI therapy.

Discussion & Conclusion: The onset of uveitis shortly after immunotherapy, recurrence following repeated treatment, and negative cytological and systemic investigations support an ICI-associated etiology. Early recognition and appropriate corticosteroid therapy can achieve favourable outcomes while allowing continuation of cancer immunotherapy.

COSL OP 09

PREVALENCE OF REFRACTIVE ERRORS IN CHILDREN TREATED FOR RETINOPATHY OF PREMATURITY (ROP)-LADY RIDGEWAY HOSPITAL FOR CHILDREN

ID Jayarathna, H Abeysekera

Introduction & Objectives : Blindness due to ROP is prevented by successful treatment during infancy. These babies can develop visual impairment due to refractive errors later. This study is aimed to determine the prevalence of refractive errors among children treated for Zone 1 and Posterior Zone 2 ROP and their association with treatment modalities.

Materials and Methods: A retrospective cross-sectional study was conducted among 57 children treated for ROP at LRH from April 2020- June 2021. Clinical records were reviewed for POA, birth weight, ROP stage and treatment modalities. The patterns of errors were analysed based on thresholds of Myopia 2.5, hyperopia 3.5, astigmatism 1.5 diopters (D) and anisometropia were considered significant.

Results: 106 eyes of 53 children were assessed.

Mean gestational age was 29+3 weeks (SD ± 2.1), mean birth weight 990 g (SD ± 182) mean age at the time of the refraction 5.3 years.

Significant refractive errors were identified in 73.5 %, Myopia in (62.3%), 37.7% associated with astigmatism. Simple myopia in 24.5%

7.5% was Hyperopic, 3.8% was Astigmatic 20.7 % had Anisometropia

Among myopic children, high myopia was identified in 36.3%. Of these, 67.6% had undergone laser, 23.3% intravitreal bevacizumab, and 9.1% both

Discussion and Conclusion: A High proportion of children treated for ROP had significant refractive errors which could lead to visual impairment due to amblyopia if not detected and treated. Association of high myopia with laser treatment is significant. Therefore, at least 5 years post treatment surveillance is crucial.

Key words- ROP, refractive errors, myopia

COSL OP 10

CYCLOPHOTOCOAGULATION (CPC) AS A METHOD OF RESCUE OF FAILED AHMED GLAUCOMA VALVE (AGV) IN CHILDREN IN SRI LANKA

IM Akbar, H Abeysekara

Introduction and Objectives: AGV used to treat refractory and severe forms of glaucoma such as paediatric glaucoma. AGV fails with time. Diagnosis and management of failed AGV is strategic in preventing blindness. This study assesses the success of CPC as a method of rescue of the failed AGV in children.

Materials and methods: Retrospective analysis of clinical data of 52 paediatric patients with failed AGV who underwent CPC as a rescue method at the Lady Ridgeway Hospital for Children Colombo, Sri Lanka. Initial diagnosis, age, Intra-ocular Pressure (IOP) at the time of diagnosis of the failure, subsequent IOP values were extracted from the patient clinic records. Failure of AGV is defined as IOP >21mmHg in two consecutive readings, progression of cup/disc ratio with or without re-appearance of corneal oedema, increase in corneal diameters or axial length. Statistical analysis done by Proportional Hazards Model (Cox regression).

Results: Mean survival of AGV is 25 months. After application of CPC, IOP values were maintained below 21 mmHg in 50% of the cohort for 13 months. Effect of the CPC was not evident after 30 months. No sight threatening complications were seen in this cohort. 68% had conjunctival injection post operatively.

Discussion and Conclusion: Cyclophotocoagulation is a relatively non-invasive, low-cost method which can use to extend the life of a failed AGV in children.

Key words- Ahmed Glaucoma Valve in children, Cyclophotocoagulation

COSL OP 11

IMPACT OF DIRECT OBSERVATION, REGULAR FOLLOW-UP, PARENTAL EDUCATION, AND SYSTEMATIC MONITORING ON AMBLYOPIA MANAGEMENT AMONG CHILDREN ATTENDING THE PAEDIATRIC EYE CLINIC AT TEACHING HOSPITAL KULIYAPITIYA

HMSC Muthukumarage, BMT Basnayaka, UPB Niroshani, HPMK Gunawardana

Introduction & Objectives: Poor adherence to occlusion therapy and irregular follow-up are major challenges in amblyopia management in Sri Lanka. Many caregivers mistakenly believe spectacle correction alone is sufficient and underestimate the risk of permanent visual impairment. This study evaluated the impact of a structured intervention comprising direct observation, regular follow-up, parental education and systematic monitoring on visual outcomes and treatment compliance in children with amblyopia.

Materials and Methods: A prospective interventional study was conducted among 51 children aged 3–15 years with amblyopia attending the Paediatric Eye Clinic, Teaching Hospital Kuliyaipitiya. The intervention included a standardized educational video, an information leaflet, individualized parental counselling, education on proper spectacle wear and maintenance, reminder telephone calls and contact tracing of defaulters. Best-corrected distance visual acuity (BCVA) was measured using a Snellen chart and converted to LogMAR units. Complete paired pre- and post-intervention data were available for 43 (84.3%) children. Changes in BCVA were analysed using paired t-tests and Wilcoxon signed-rank tests, while compliance across three follow-up visits in 2nd, 4th and 6th month was assessed using the Friedman test.

Results: Forty-three children (84.3%) completed the study. Eight (15.7%) defaulted despite repeated reminders and counselling. Anisometropic amblyopia was the commonest subtype. Mean right-eye BCVA improved from 0.280 to 0.190 LogMAR ($p=0.032$), and left-eye BCVA from 0.340 to 0.242 LogMAR ($p=0.017$). Mean compliance increased from 67.9% to 76.8% across three visits ($\chi^2=7.34$, $p=0.025$).

Discussion & Conclusion: The structured intervention significantly improved BCVA and treatment compliance. Integrating caregiver education and active follow-up into routine paediatric ophthalmology services may improve adherence and visual outcomes despite persistent social and logistical barriers.

COSL OP 12

BENDING UNDER PRESSURE: PREVALENCE OF MUSCULOSKELETAL DISORDERS, PHYSICAL RISK FACTORS AND ERGONOMIC AWARENESS AMONG OPHTHALMOLOGY TRAINEES IN SRI LANKA

PMT Warnakula, AR Wimalasundera, DP Jayapala, RR Muhandhiram

Purpose: Ophthalmology trainees perform high-precision visual and microsurgical tasks under intense physical strain. This study evaluated the prevalence, anatomical distribution, and severity of work-related musculoskeletal disorders (MSDs) alongside ergonomic awareness and workstation practices among Sri Lankan MD ophthalmology trainees.

Methods: A cross-sectional survey was conducted among 26 MD ophthalmology trainees. Data on physical attributes (height, weight), weekly procedural exposure times, pain characteristics across core ophthalmic, ergonomic awareness were analyzed. Trainees with preexisting MSDs were excluded.

Results: Work-related musculoskeletal pain after enrolling in MD training was reported by 84.6% of respondents, with an average pain severity of 4.5/10 (range 1–8). The most common sites of maximal pain were the upper back (31.8%), neck (27.3%), and lower back (22.7%). Respondents reported a mean weekly exposure of 16.3 clinic hours, 8.5 surgical hours, and 3.5 laser hours. After adjusting for duration surgical procedures and laser procedures induced the highest severe pain levels (grade 3–5). Significant differences in pain prevalence and severity were associated with physical attributes, specifically increased height and weight ($p < 0.05$), as well as shorter training duration. Although 88.5% had adjustable equipment, 61.5% were dissatisfied or neutral regarding workstation setup. A vast majority (84.6%) lacked formal ergonomic training.

Conclusions: MSDs are highly prevalent among Sri Lankan ophthalmology trainees, with increased vulnerability seen in trainees with greater height and weight, likely driven by fixed-height machinery and poor posture customization. Incorporating formal ergonomic education, workstation adjustments, and routine posture training is imperative to prevent occupational MSDs

Keywords: Musculoskeletal disorders; Ergonomics; Occupational health; Surgical ergonomics; Workstation adjustability

COSL OP 13

TIME INTERVAL AND VISIT COUNT FROM FIRST PRESENTATION TO CATARACT SURGERY AT NATIONAL EYE HOSPITAL, COLOMBO

JKNN Jayanetti, KA Jithmini, KR Dayawansa

Introduction- Cataracts, the global leading cause of blindness, result in significant morbidity, making timely surgery of utmost importance. Although some health systems have adopted formal wait-time benchmarks (e.g. 16 weeks in Canada, 90 days in Australia), none exist in Sri Lanka. This study aimed to determine the time taken and visit count from outpatient department (OPD) presentation to cataract surgery at National Eye Hospital, Colombo (NEH) and compare them against international benchmarks.

Methods- Records of 202 patients who underwent cataract surgery via the regular OPD pathway across 4 units at NEH were analysed. Private-channel, staff-priority and patients with co-morbid eye conditions were excluded. Presentation date, visual acuity, cataract grade, surgery date, and visit counts were recorded.

Results- Median time to first surgery was 186.5 days, with a median 4 visits. Only 17.8% met a 90-day benchmark and 26.2% met 16 weeks. 86.1% were operated within 12 months. Reasons for delay included inadequacy of theatre time, uncontrolled medical comorbidities, defaulted follow-ups and unavailability of specific intraocular lenses. Second-eye surgery occurred in 22.8% of patients, at a median 223.5-day interval. Wait-time was shorter for mature than immature cataracts (154 vs. 229 days, $p<0.001$) while both wait-time and visit count differed significantly by unit ($p<0.001$).

Discussion- Few patients met international benchmarks, though most were operated within a year. Significant inter-unit variation and severity based prioritization suggest targets for standardizing scheduling. Findings support establishing a locally relevant wait-time and visit count benchmarks, minimizing delays.

Keywords – Cataract, Wait-time, Visit count

COSL OP 14

LEARNING OPHTHALMOLOGY IN THE GEN Z ERA: PREFERRED LEARNING METHODS AMONG SRI LANKAN MEDICAL UNDERGRADUATES AND ATTITUDES TOWARDS AI-BASED EDUCATION

ANM De Silva, LKBC Pieris, EADH Amasha, TTR Peiris, PG Dissanayake, GDT Ekanayake, VC Vithakshana, TC Samarasinghe, MM Dissanayake

Introduction & Objectives: Ophthalmology teaching in undergraduate medical curricula is globally limited and multi-institutional data on learning preferences are scarce. This study assessed preferred ophthalmology learning methods and attitudes towards an artificial intelligence (AI)-based educational tool among current Sri Lankan medical undergraduates.

Material and Methods: A cross-sectional study recruited undergraduates (age 20-27) from medical faculties in Sri Lanka, via a Google Form. Data included socio-demographics, ophthalmology exposure, ratings of nine learning modalities on a 5-point Likert scale, perceived barriers, and attitudes towards AI platforms. Ethics approval was obtained from the Ethics Review Committee, Faculty of Medicine, University of Colombo. Responses were analyzed descriptively using SPSS version 22.

Results : Among 267 responses (58.4% female; 13 faculties). 44.6% had completed both theory and clinical components. E-learning/apps/videos modality received the highest mean preference (mean 3.79/5); while learning management system (LMS) was the lowest (mean 2.97/5). Nearly half (48.3%) reported low confidence in ophthalmology knowledge. Key barriers were insufficient curriculum time (56.9%), lack of simulation equipment (42.3%), and limited clinical exposure (35.2%). While 61.4% had used AI tools, 93.3% were interested in an AI platform, preferring MCQs (79.0%) and case-based learning (78.3%).

Discussion and Conclusion: Many students reported low confidence in ophthalmology knowledge despite the available resources. Limited curriculum time and resource limitations align with global challenges. The available LMS needs to be updated for user satisfaction.

This study highlights that the current students strongly prefer an AI-based e-learning platform and supports developing a targeted AI tool to standardize and strengthen ophthalmology learning.

Keywords: ophthalmology education; medical undergraduates; artificial intelligence; learning preferences; Sri Lanka

COSL OP 15

KNOWLEDGE, ATTITUDES AND PRACTICES ON THE DIAGNOSIS AND MANAGEMENT OF GLAUCOMA AMONG MEDICAL OFFICERS IN OPHTHALMOLOGY UVA PROVINCE

MI Jayasundera, K Niruththan, NP Nananyakkara, PADV Gunasekara

Introduction & Objectives: Glaucoma is a leading cause of irreversible blindness, and medical officers (MOs) working in general ophthalmology units are often the first point of contact for its detection and management. This study aimed to assess the knowledge, attitudes and practices (KAP) of MOs regarding glaucoma diagnosis and management, and to identify their training needs.

Materials and Methods: A cross-sectional descriptive study was conducted among MOs working in ophthalmology units using a structured, self-administered online questionnaire covering demographics, diagnostic confidence, clinical practices, and knowledge of glaucoma assessment tools. Responses were analysed descriptively.

Results: Among 20 respondents (all from general ophthalmology units, most with under two years of experience), 15/20 were confident diagnosing glaucoma and 18/20 confident initiating treatment, but only 5/20 felt confident assessing disease progression. None were aware of the method for calculating target intraocular pressure, and only 3 routinely requested central corneal thickness measurements. Confidence in Van Herick assessment and gonioscopy was low, though 18/20 wanted training in gonioscopy, and all responders wanted training in visual field interpretation and further glaucoma education.

Discussion & Conclusion: MOs appear reasonably confident initiating glaucoma treatment but show clear gaps in skills central to comprehensive care — progression assessment, target IOP calculation, and gonioscopy. The strong demand for training highlights an unmet educational need. Structured teaching programmes targeting these gaps could strengthen frontline glauco-

Key words: Glaucoma; Knowledge, Attitudes and Practices; Medical officers; Training needs; Gonioscopy

COSL OP 16

TIMING MATTERS: FIBROVASCULAR STAGE AND VISUAL CEILING AFTER VITRECTOMY FOR PDR

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Introduction and background: Conventional indications for vitrectomy in proliferative diabetic retinopathy (PDR) do not capture the fibrovascular stage of disease. We evaluated a novel ordered fibrovascular staging and its impact on visual outcomes following vitrectomy.

Methodology: A prospective cohort study was conducted at the National Eye Hospital, Colombo (NEH). Adults undergoing vitrectomy for vision-threatening PDR were recruited. Eyes were classified as vascular, fibrovascular thin, fibrovascular thick and fibrous based on clinical examination, imaging and intra-operative findings. The outcome of interest was best corrected visual acuity (BCVA) at 12 months. Kruskal-Wallis/Dunn testing with Holm adjustment, Jonckheere-Terpstra trend analysis and linear regression adjusting for baseline BCVA were performed.

Results: 72 of the 88 recruited patients completed the follow-up; 42 (58.3%) were fibrovascular thick, 20 (27.8%) fibrovascular-thin and five each vascular and fibrous. Legal blindness decreased from 54.9% to 28.2% while BCVA $\geq$ increased from 11.3% to 26.8% at 12 months. Final BCVA differed across the stages (Kruskal-Wallis $p=0.0078$) with ordered deterioration (Jonckheere-Terpstra $p=0.00058$). Each stage of progression was associated with 0.438 logMAR deterioration of BCVA ($p=0.00079$). After adjustment for baseline vision. Later stage of disease independently predicted a 0.600 logMAR worse final BCVA than earlier disease ($p=0.0015$).

Conclusion: Fibrovascular stage strongly predicts final BCVA in PDR patients that undergo vitrectomy. These findings therefore support a novel pathophysiologically grounded staging system along with early referral and surgical intervention prior to fibrovascular progression and the development of conventional surgical indications.

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34th ANNUAL CONGRESS - COSL

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COSL PP 01

**REFRACTORY RHEUMATOID VASCULITIC NECROTIZING SCLERITIS WITH TRANSIENT
RESPONSES TO CYCLOPHOSPHAMIDE**

KA Jithmini, JKNN Jayanetti, JD Dias

Introduction & objectives: Rheumatoid arthritis (RA)-associated necrotizing scleritis is a sight-threatening manifestation that may occur despite quiescent joint disease. We report refractory bilateral necrotizing scleritis with transient responses to cyclophosphamide.

Materials and methods: A 49-year-old woman with 12-year seropositive RA presented with bilateral painful red eyes. She had previously been managed for peripheral ulcerative keratitis (PUK) at a local hospital, which had settled before presentation to our unit. She subsequently developed bilateral necrotizing scleritis without clinical RA flare. ESR was 55 mm/h, RF >128, with negative ANA and ANCA. She received intravenous methylprednisolone followed by oral prednisolone and six intravenous cyclophosphamide pulses (750 mg, 2-weekly).

Results: Corticosteroids initially reduced pain, but symptoms recurred within days. Following the first cyclophosphamide pulse, pain improved transiently while clinical findings remained static. After the second and third pulses, scleral necrotic areas showed no progression; following the third, pain decreased. Two weeks after the fourth pulse, ocular pain and redness recurred with thrombosed scleral vessels. Prednisolone 20 mg/day was continued until the fifth pulse. ESR decreased to 32 mm/h with symptomatic improvement. After the sixth pulse, ESR decreased to 20 mm/h with reduced pain and redness; however, ocular inflammation recurred approximately one month later. The patient is currently awaiting initiation of infliximab.

Discussion and conclusion: This case demonstrates refractory rheumatoid vasculitic necrotizing scleritis with repeated, short-lived responses to cyclophosphamide. Ocular disease may remain active despite quiescent articular RA. Recurrence despite six cyclophosphamide pulses necessitated escalation to biological therapy.

Key Words: necrotizing scleritis, cyclophosphamide, Rheumatoid Arthritis

COSL PP 02

GRANULOMATOSIS WITH POLYANGITIS; A CASE PRESENTATION AND DIAGNOSTIC INSIGHTS

M Nitharsanan , RMDK Ratnayake, KPNS Jinani, WEAN Lakmini, P Perera, M Gamage

Introduction and Objectives: Granulomatosis with polyangiitis (GPA), formerly known as Wegener's granulomatosis, is a rare ANCA-associated necrotizing vasculitis with multisystem manifestations. Ocular involvement may be the initial presentation. This case highlights the diagnostic challenges and importance of early recognition.

Case Presentation: A 55-year-old woman presented with a two-week history of a painful right red eye, severe orbital pain aggravated by eye movements, blurred vision, epiphora, and right temporal headache. Visual acuity was 6/36 in the right eye and 6/12 in the left eye. Examination revealed a right anterior scleral nodule with marked deep episcleral and scleral vessel dilatation and mild anterior chamber inflammation. Bilateral nuclear sclerosis grade 1 cataracts were present. Posterior segments and intraocular pressures were normal.

Investigations showed positive c-ANCA with negative p-ANCA and rheumatoid factor. Syphilis serology, inflammatory markers, chest radiography, and sputum AFB were negative. Mantoux was positive, possibly reflecting a booster phenomenon following a previous negative test. HRCT chest demonstrated multiple bilateral pulmonary nodules with cavitation. CT of the orbit and paranasal sinuses showed chronic left maxillary sinusitis. Nasal septal biopsy was inconclusive. Despite the nondiagnostic biopsy, the combination of scleritis, c-ANCA positivity, cavitating pulmonary nodules, and sinonasal disease was highly suggestive of GPA. Following multidisciplinary discussion, oral prednisolone (1 mg/kg/day) was commenced, with marked clinical improvement by the third day.

Conclusion: Scleritis associated with sinonasal disease and cavitating pulmonary nodules should raise suspicion for GPA. A nondiagnostic biopsy does not exclude the diagnosis. Recognition of characteristic ocular manifestations, supported by serological and radiological findings, facilitates early diagnosis and treatment.

Keywords: Granulomatosis with polyangiitis; GPA; scleritis; c-ANCA; pulmonary nodules; sinonasal disease; ocular vasculitis.

COSL PP 03

**CLINICAL CHARACTERISTICS, MICROBIOLOGICAL PROFILE AND MANAGEMENT OF CORNEAL
ULCERS OVER 4 MONTHS IN A CORNEAL UNIT, SOUTHERN SRI LANKA**

DMMAK Dissanayake, MUY Gamage

Introduction & objectives: To evaluate the demographic profile, etiology, clinical characteristics and therapeutic outcomes of patients with corneal ulcers to a corneal unit in southern Sri Lanka presented over a 4-month period.

Material and methods: A retrospective descriptive analysis was conducted on 16 patients diagnosed with corneal ulcers. Demographic data, underlying etiology, lesion size, microbiological yields, medical or surgical management and healing outcomes were extracted from clinical records and analyzed.

Results: The cohort was predominantly male with a mean age of 51.1 years. Mechanical trauma was the main predisposing factor (50.0%), followed by unknown etiology (37.5%) and vegetative trauma (12.5%). Ulcer sizes were medium (50.0%), small (31.3%) and large (18.8%). Microbiological evaluation revealed mixed etiologies. All patients received topical antibiotics while 72.2% required topical antifungals. The mean duration of healing after antimicrobial initiation was 25.8 days, with successful resolution in 81.3% of cases. Surgical interventions (pedicle graft and penetrating keratoplasty) were required in 25.0% of patients.

Discussion and conclusion: Corneal ulcers predominantly affected middle-aged males following mechanical trauma. Patients receiving monotherapy showed better outcomes. Those who presented late or experienced a delay in initiating treatment required a longer duration for complete healing. Surgical interventions should be considered at an early stage in cases of non-healing ulcers to achieve better outcomes. High resolution rates demonstrate the efficacy of targeted antimicrobial therapy, though refractory cases depend on timely surgical management.

Keywords: Corneal ulcer, mechanical trauma, monotherapy, therapeutic outcomes

COSL PP 04

**CLINICAL OUTCOMES AND MANAGEMENT OF COMPLICATIONS IN A SERIES OF DMEK
SURGERIES**

DMMAK Dissanayake, MUY Gamage

Introduction & Objectives: Descemet Membrane Endothelial Keratoplasty (DMEK) provides rapid visual recovery and lower rejection rates compared to Descemet Stripping Endothelial Keratoplasty (DSEK). This study evaluated surgical efficacy, graft clarity, rebubbling rates and salvage pathways following DMEK.

Materials & Methods: A retrospective study evaluated 30 consecutive DMEK patients, operated on by a single surgeon at National Hospital Galle over 8 months. Slit-lamp examinations were conducted from day 1 to 6 months postoperatively to assess graft adherence, clarity, and secondary intervention requirements. Corneal clarity rather than visual acuity was used as the primary outcome measure due to comorbidities such as diabetic retinopathy and optic neuropathy.

Results: The cohort comprised 70% females(n=21) and 30% males(n=9). Indications included pseudophakic bullous keratopathy 80%(n=24), Fuchs' endothelial dystrophy 10%(n=3) and failed DSEK 10%(n=3). Among evaluated patients, graft clarity was 93.3%(n=28), with a failure rate of 6.7%(n=2). Rebubbling was required in 26.7%(n=8). Secondary interventions included conversion to DSEK in 20%(n=6) and repeat DMEK in 10%(n=3).

Discussion & Conclusion: DMEK demonstrates high clinical efficacy (93.3% clarity rate). Graft detachments mostly occurred in aphakic eyes and in severe iris disruption. Rebubbling effectively treats detachment up to 4 weeks post-operatively. Reserving DMEK for eyes with uncomplicated anterior segment anatomy, and DSEK for eyes with structurally complex anterior segments ensures optimal post-operative outcomes.

Key words:

Corneal Transplantation, DMEK, Endothelial Keratoplasty, Graft Clarity, Rebubbling

COSL PP 05

**BILATERAL CORNEAL OPACITY AS A WINDOW TO HEREDITARY SENSORY AND AUTONOMIC
NEUROPATHY VIII WITH PRDM12 MUTATION**

N Ganesan

Purpose: To report a rare cause of bilateral corneal opacity

Methods and results: A 3-year-old girl child was referred to ophthalmology OPD for bilateral corneal opacity. She was born out of a first-degree consanguineous marriage following two abortions and was treated for neonatal seizures. She exhibited normal developmental milestones, and her magnetic resonance imaging of the brain was normal. Her eyes were dry with leucomatous opacity in the right eye and macular opacity in the left eye (Fig A, B) following keratitis in the first year of age. Corneal sensations were absent in both eyes and vitamin A levels were normal (63.50 µg/dL). Systemic examination revealed dry skin (Fig C), decreased pain sensitivity, and absent fungiform papillae in the tongue (Fig D). Neurological examination showed good tone of the muscles, just elicitable deep tendon reflexes and upgoing plantars. The rest of the systemic examination was within normal limits. Subsequently, the genomic assay was done, which revealed an autosomal recessive Hereditary Sensory and Autonomic Neuropathy, type VIII (HSAN VIII), involving the PRDM12 gene. She was advised lubricants and lower punctal cautery of both the eyes.

Conclusion: Ophthalmologists should suspect HSAN type VIII in children presenting with bilateral corneal opacity. Early diagnosis can aid in better managing the patient and preventing complications.

COSL PP 06

VARIED PRESENTATIONS OF POSTERIOR KERATOCONUS: A CLINICAL CASE SERIES

N Ganesan, N Shivananda, K Nirupama, K Subashini

Purpose: To describe the varied presentations of posterior keratoconus.

Methods: This is a 3-year institute-based retrospective study report from June 2015 to June 2018 that describes 13 eyes of 12 patients with varied presentations of posterior keratoconus, evaluating tomographic changes using Scheimpflug corneal tomography and anterior segment optical coherence tomography. Slit-lamp examination revealed circumscribed nebular corneal opacity with posterior corneal depression.

Results: Eleven patients had unilateral and one had a bilateral presentation. Five patients presented in the first and second decade with a nebular opacity and circumscribed excavation of the posterior cornea. One patient was a 12-year-old girl who presented with systemic manifestations. Seven others were middle-aged adults with superior, central, or peripheral excavation. Two patients had microcornea.

Conclusions: This is the largest case series on posterior keratoconus, depicting its varied features. Diagnosis of this uncommon condition requires a high index of suspicion, meticulous slit-lamp examination, and systemic evaluation to rule out other associated anomalies. We report a patient of unilateral posterior keratoconus with systemic associations, second such case in the literature.

COSL PP 07

RECURRENT BILATERAL DIFFUSE SCLERITIS LEADING TO A CLINICAL DIAGNOSIS OF ANCA-NEGATIVE GRANULOMATOSIS WITH POLYANGIITIS: A DIAGNOSTIC CHALLENGE

TD Munasinghe, N Upendran, I Mendis, D Aravindika, S Fonseka, KR Dayawansa

Introduction & Objective: Granulomatosis with polyangiitis (GPA) is a necrotizing vasculitis that may initially present with isolated ocular inflammation. Diagnosis is particularly challenging in ANCA-negative disease with inconclusive serological and histopathological findings. We report a diagnostically challenging case of recurrent bilateral diffuse scleritis leading to a clinical diagnosis of ANCA-negative GPA.

Materials & Methods: A 69-year-old woman presented with recurrent bilateral simultaneous diffuse anterior scleritis over four months. Visual acuity remained normal throughout. The inflammation responded to high-dose corticosteroids but recurred during steroid tapering. Investigations revealed elevated inflammatory markers (ESR 40 mm/hr, CRP 13 mg/L), while ANCA and other autoimmune serology were negative. HRCT chest demonstrated bilateral lower lobe reticular shadowing suggestive of post-infectious scarring without evidence of active pulmonary vasculitis. Nasal septal biopsy showed chronic inflammatory changes without granulomatous inflammation or vasculitis. Tuberculosis and other infectious causes were excluded. Following multidisciplinary assessment, a clinical diagnosis of ANCA-negative GPA was supported.

Results: The patient was treated with intravenous methylprednisolone followed by oral corticosteroids and six cycles of intravenous cyclophosphamide. Ocular inflammation resolved markedly without scleral thinning or visual loss, and the patient remains in clinical remission on follow-up.

Discussion & Conclusion: Negative ANCA and non-diagnostic biopsy do not exclude GPA. Persistent bilateral recurrent scleritis warrants comprehensive systemic evaluation and multidisciplinary collaboration. Early immunosuppressive therapy based on clinical judgement may preserve vision and reduce irreversible ocular and systemic complications.

Keywords: Granulomatosis with polyangiitis; diffuse scleritis; ANCA-negative vasculitis; ocular inflammation; case report

COSL PP 08

FROM RECURRENT CORNEAL ULCERS TO A SYSTEMIC DIAGNOSIS

P Vaishnavan, PKDAP Pitigala, K Kiriyan, S Sanchiga

Background: Dry eye is a multifactorial condition characterised by tear film abnormalities, neurosensory abnormalities, and ocular surface inflammation. Poorly managed dry eye disease leads to recurrent corneal inflammation and ulceration. Prolonged use of steroid drops leads to corneal ulcer exacerbation and poor healing. Ocular surface disease with a systemic association should raise suspicion of a combined pathology.

Case Presentation: A 46-year-old woman presented with bilateral red eyes and poor vision for five years. There was no history of ocular trauma. On examination, she had bilateral central corneal ulcers with variable levels of corneal scarring and her visual acuity was perception of light (Right) and 3/60 (Left). She was on long term corticosteroid eye drops and had recurrent mouth ulcers with multiple benign biopsies.

Corneal swabs were negative for microorganisms, and no fungal filaments identified, she was initially managed as steroid-exacerbated corneal ulcer with severe ocular surface disease. Her ESR was 30 mm/hour, raising suspicion, and the ANA was positive at a titre of 1:80 with a nuclear pattern. Accessory salivary gland biopsy demonstrated scattered lymphoplasmacytic infiltration suggestive of Sjögren syndrome. Secondary causes were excluded and diagnosed with primary Sjögren syndrome.

Management: Hydroxychloroquine was commenced alongside appropriate ocular management. The corneal ulceration and ocular surface disease subsequently improved, with significant vision improvement.

Conclusion: Recurrent and bilateral corneal ulceration should prompt consideration of an underlying systemic autoimmune disease. Recognition of primary Sjögren syndrome and appropriate systemic treatment brought years of recurrent ocular and oral morbidity to an end.

COSL PP 09

THE WAITING GAME: IMPACT OF SURGICAL LIST ORDER ON ANXIETY, INTRAOPERATIVE PAIN,
AND PATIENT SATISFACTION IN CATARACT SURGERY

PMT Warnakula, KA Jithmini, L Gurusinghe, D Goonesekara

Purpose: Elective cataract surgery performed under local anesthesia relies on patient comfort and psychological stability. Prolonged waiting and anticipation throughout the surgical list may exacerbate anxiety and affect pain perception. This study evaluated the effect of surgical list order on pre-operative anxiety, intraoperative pain, and patient satisfaction.

Methods: A prospective observational study was conducted among 40 adult patients undergoing elective cataract surgery under local anesthesia. Patients were categorized by surgical list position: early list, middle list and late list. Pre-operative anxiety was measured using the Amsterdam Preoperative Anxiety and Information Scale (APAIS). Intraoperative pain was rated after surgery using the Visual Analog Scale (VAS, 0–10). Patient satisfaction was assessed using a 5-point scale

Results: A total of 40 patients were evaluated (mean age: 65.8 years; 52.5% female). Mean waiting time increased from 1.1 hours (early list) to 4.6 hours. Late-list patients demonstrated higher pre-operative anxiety scores (14.2 vs 7.9) and reported higher mean intraoperative pain (VAS 3.4 vs 1.6). High satisfaction was reported by 86.7% of early-list patients versus 40.0% of late-list patients.

Conclusions: Patients scheduled later in the cataract surgical list experience greater pre-operative anxiety, higher intraoperative pain, and lower overall satisfaction. Staggering arrival times and prioritizing anxious patients early in the list can improve patient-reported outcomes.

Key Words : Surgical list order; pre-operative anxiety; Intraoperative pain; Patient satisfaction; Pre-operative waiting time

COSL PP 10

ASSOCIATION OF OCULAR BIOMETRIC PARAMETERS AND INTRAOCULAR LENS CHARACTERISTICS WITH POSTOPERATIVE REFRACTIVE SURPRISE FOLLOWING UNCOMPLICATED PHACOEMULSIFICATION: A RETROSPECTIVE CASE-CONTROL STUDY

BMIU Mendis, AMS Banu, KR Dayawansa

Purpose: To evaluate whether preoperative biometric parameters and intraocular lens characteristics are associated with postoperative refractive surprise ($\pm 0.5D$ from target refraction) following uncomplicated phacoemulsification surgery.

Methods : A retrospective case-control study was conducted on 222 eyes with uncomplicated phacoemulsification with posterior chamber IOL implantation. Seventy-six eyes with refractive surprise were included as cases, while 146 eyes with intended postoperative refraction served as controls. Preoperative K1, K2, mean keratometry, axial length (AL), anterior chamber depth (ACD), IOL power, and IOL brand were compared. Continuous variables were analyzed using independent samples t-tests. Mean keratometry, axial length, and IOL power were further categorized into clinically relevant groups and analyzed using chi-square tests.

Results: No statistically significant differences were observed between cases and controls for given parameters (all $p > 0.05$). Categorized analysis similarly demonstrated no significant association between postoperative refractive surprise and AL (χ^2 , $p = 0.387$), mean keratometry ($p = 0.632$), or IOL power ($p = 0.962$). Seven IOL brands were represented, with no significant association between IOL brand and refractive surprise ($\chi^2 = 3.12$, $p = 0.793$). Most eyes in both groups had biometric values within the normal range.

Conclusions: Routine preoperative biometric parameters and IOL characteristics were not significantly associated with postoperative refractive surprise in this cohort, suggesting that refractive surprise following uncomplicated phacoemulsification is probably multifactorial and may be influenced by variables beyond conventional biometry, including measurement accuracy, effective lens position, ocular surface status, and surgical factors. Future studies incorporating these variables are warranted to improve prediction of postoperative refractive outcomes.

COSL PP 11

VISUAL OUTCOMES AT FOUR WEEKS FOLLOWING PHACOEMULSIFICATION IN NATIONAL EYE HOSPITAL, COLOMBO: A CROSS-SECTIONAL STUDY

C Partheepan, KN Gooneratne, N Niroshan, JD Dias, PPC Pathirana, PK Siriwardena, D Wewalwala, P Vaishnavan, S Subangi, KR Dayawansa

Keywords: phacoemulsification, visual outcome, best corrected visual acuity

Introduction and Objectives: Phacoemulsification is the principal vision-restoring procedure. Evaluation of postoperative visual outcomes is essential for monitoring surgical quality and healthcare-service performance. In Sri Lanka, national data showed that 59.7% of operated eyes achieved a visual acuity of 6/18 or better. However, the WHO now recommends a stricter benchmark of best corrected visual acuity (BCVA) of 6/12 or better as a standard for good surgical outcome. The objective is to assess postoperative visual outcomes of phacoemulsification at the National Eye Hospital, Colombo, and determine compliance with WHO-recommended standards.

Materials and Methods: A descriptive cross-sectional study was conducted among patients who underwent phacoemulsification surgery at the National Eye Hospital, Colombo. Postoperative BCVA was assessed and categorized according to WHO criteria. Factors associated with suboptimal visual outcomes were also analyzed.

Results: The study included 523 patients with a mean age of 64.73 years. Based on WHO classification, 90.4% patients achieved good BCVA, 9.0% had borderline outcomes, and 0.6% had poor outcomes. Good UCVA was observed in 49.3% of patients. The mean postoperative spherical equivalent was -0.51 D. Residual myopia greater than -1.00 D occurred in 18.6% of patients, while postoperative hyperopia greater than +1.00 D was observed in 3.5%.

Discussion and Conclusion: Phacoemulsification achieved excellent corrected visual outcomes, with over 90% of patients attaining good BCVA. The disparity between UCVA and BCVA suggests that residual refractive error remains the principal factor limiting unaided vision. Optimizing biometry, intraocular lens power calculation, surgical planning, and postoperative refractive correction may further improve visual outcomes.

COSL PP 12

REAL WORLD OUTCOMES OF SELECTIVE LASER TRABECULOPLASTY: A CLINICAL AUDIT

PADV Gunasekara, KA Jithmini, P Pathirana

Introduction & Objectives: Selective Laser Trabeculoplasty (SLT) is increasingly used as a first line or adjunctive therapy for glaucoma. This clinical audit evaluated intraocular pressure (IOP) outcomes following SLT in a real world patient cohort.

Materials and Methods: A retrospective audit was conducted on 304 eyes of 167 patients who underwent SLT from 08/01/2023 to 17/12/2025. Baseline IOP was recorded, with follow up measurements at 2 weeks, 1 month, 3 months, 6 months, and 12 months. Outcomes assessed included mean IOP reduction, percentage reduction from baseline, and responder rates. Safety events were also documented.

Results: SLT achieved significant IOP reduction across all time points. Mean IOP decreased by 16.2% at 2 weeks and 18.4% at 1 month, with stabilization at 3–6 months. At 12 months, the effect persisted with a modest decline, maintaining an average reduction of 14.6%. 48% of treated eyes achieved $\geq 20\%$ reduction, while 22.3% were non responders. Transient IOP spikes occurred in 4% of cases, with no major complications observed.

Discussion & Conclusion: This audit confirms SLT as an effective and safe intervention for lowering IOP in glaucoma patients, with outcomes consistent with published literature. While most patients achieved clinically meaningful reductions, variability in response underscores the importance of individualized follow up and consideration of repeat SLT or adjunctive therapy beyond one year.

Keywords: Selective Laser Trabeculoplasty, Intraocular Pressure, Glaucoma, Clinical Audit

COSL PP 13

TWO-YEAR OUTCOMES OF COMBINED PHACOEMULSIFICATION, VISCOCANALOPLASTY, AND GONIOTOMY (OMNI SURGICAL SYSTEM) IN GLAUCOMA

WAPK Wickramaarachchi, P Ranjit, C Herath

Introduction & objectives: This audit evaluated two-year intraocular pressure (IOP) control, medication burden changes, and safety following combined OMNI platform MIGS (viscocanaloplasty and goniotomy) with phacoemulsification (PEI).

Material and methods: Retrospective audit of 134 consecutive patients undergoing combined phaco-OMNI surgery (+/- goniosynechialysis). Metrics were tracked up to 24 months. Complete success was defined as postoperative IOP $\leq$ 18 mmHg without drops; qualified success as IOP $\leq$ 21 mmHg with/without drops. Primary angle-closure (PACG) and open-angle (POAG) subgroups were compared.

Results: 134 eyes were audited (59.0% PACG, 35.1% POAG; baseline IOP: 24.9 mmHg on 1.8 drops). At 24 months (n=58), mean IOP dropped to 15.1 mmHg (39.4% reduction, $p < 0.05$). Overall, 86.5% achieved IOP $\leq$ 21 mmHg, and 64.0% became completely drop-free. Mean medication burden fell to 0.7 drops. PACG eyes achieved greater percentage IOP reduction than POAG (35% vs 28%, $p = 0.03$). Complications included early IOP spikes (8.9%) and transient hyphema (7.4%). Secondary filtering surgery was required in 5.2%.

Discussion and conclusion: Combined phaco-OMNI surgery delivers sustained two-year IOP reduction and significant medication freedom with minimal complications. Superior outcomes in PACG support its early surgical use in angle-closure glaucoma.

Key words: Glaucoma, MIGS, OMNI, Viscocanaloplasty, PACG

COSL PP 14

**UBM SOLVES THE MYSTERY: AN ATYPICAL PRESENTATION OF UGH SYNDROME WITHOUT
HYPHAEMA**

S Paviththiran, BHNR Vitharana, DHH Wariyapola

Introduction and Objectives: Uveitis–Glaucoma–Hyphaema (UGH) syndrome is an uncommon but important complication of intraocular lens (IOL) malposition. Although classically characterised by the triad of uveitis, glaucoma and hyphaema, incomplete presentations may delay diagnosis. We report an atypical case of UGH syndrome without hyphaema, highlighting the diagnostic value of ultrasound biomicroscopy (UBM) and the importance of timely surgical intervention.

Case Presentation: A 56-year-old man presented three months after uneventful phacoemulsification with blurred vision and ocular pain in the right eye. Best-corrected visual acuity was 6/9 with mild myopic correction, and intraocular pressure was 40 mmHg. Slit-lamp examination demonstrated marked pigment dispersion, a poorly dilating pupil and a subtly anteriorly displaced IOL. Fundus examination showed a cup–disc ratio of 0.6. In the absence of hyphaema, the diagnosis was initially uncertain. UBM revealed one haptic of a single-piece IOL partially positioned in the ciliary sulcus, causing chronic iris chafing. The displaced haptic was repositioned into the capsular bag using iris hooks and viscoelastic, resulting in resolution of symptoms and IOP normalisation.

Discussion: This case demonstrates that UGH syndrome should be considered even without hyphaema when secondary glaucoma, pigment dispersion and subtle IOL malposition coexist. UBM was pivotal in confirming the diagnosis and guiding surgical planning when clinical examination was limited. Prompt recognition and haptic repositioning effectively relieved mechanical iris trauma, controlled intraocular pressure and prevented further glaucomatous damage. This case emphasises the value of UBM in evaluating unexplained postoperative glaucoma following cataract surgery.

COSL PP 15

**THE RESURGENCE OF LEGEND: TWO CASES OF SEVERE BILATERAL OCULAR SYPHILIS WITH
POSTERIOR PLACOID CHOROIDITIS**

KDD Perera, N Wijesinghe, NP Wijesinghe, S Wickramasinghe

Introduction and Objectives: Ocular syphilis has re-emerged as an important cause of vision-threatening inflammatory eye disease alongside the global resurgence of syphilis. Despite effective treatment, misdiagnosis and delayed therapy may result in irreversible visual loss. We present severe bilateral ocular syphilis with characteristic multimodal imaging findings of posterior placoid choroiditis.

Methods and Results: The 56-year-old male prisoner presented with a 2-week history of bilateral painful red eyes, reduced vision, and floaters. The 36-year-old female presented with similar symptoms only for 5 days. Visual acuity was counting fingers and 6/48 for the male and 6/36 and 6/12 for the female in the right and left eyes, respectively. Clinical examination and imaging in both demonstrated bilateral panuveitis with placoid choroiditis, disruption of the outer retina and retinal pigment epithelium. Diagnosis was confirmed by positive treponemal serology (TPHA and FTA), a high RPR titre, and positive cerebrospinal fluid testing. The patient was treated with intravenous penicillin and adjunctive corticosteroids through a multidisciplinary approach involving Ophthalmology, Infectious Diseases, and Neurology. At follow-up, first patients vision improved to 6/60 and 6/12 and second to 6/24 and 6/6 in the right and left eyes, respectively, although macular atrophy persisted in the right eye in both.

Conclusions: Ocular syphilis should be considered in patients presenting with uveitis, particularly with the classical presentation of posterior placoid choroidopathy. Routine syphilis serology should be considered given the global increase in incidence. Severe structural damage may limit visual recovery despite microbiological cure and appropriate treatment.

COSL PP 16

THE HIDDEN CULPRIT OR INNOCENT BYSTANDER - A CASE OF ANTERIOR UVEITIS

WKDM Widanage, S Pathirage

Background: Intraocular foreign bodies can cause significant disturbance to the lifestyle of individuals due to recurring many interventions and frequent follow up. But rarely remain clinically occult for prolonged period. Here we describe an unusual case of a previously undetected anterior-chamber large IOFB been discovered during evaluation of new-onset anterior uveitis 12 years after ocular trauma.

Case Presentation: A 36-year-old gentleman presenting with recent-onset anterior uveitis for a week. On further evaluation a foreign body in the anterior chamber was evaluated. On further inquiry it was found that patient had sustained ocular trauma 12 years earlier. At the time of the initial injury, no intraocular foreign body was detected or informed, and the patient subsequently remained asymptomatic. The presence of active anterior uveitis raised an important diagnostic dilemma whether the foreign body represented cause for ocular inflammation or an incidental finding is unrelated. Treatment with topical steroid became symptom free.

Discussion: This case highlights the possibility of a IOFB remaining undetected for many years following ocular trauma. However, an IOFB is not always a cause for current symptoms rarely IOFB not detected for prolonged period would not cause any pathological changes such as metallosis, secondary glaucoma, cataract, or chronic inflammation.

Conclusion: Discovery of a FB in the anterior chamber by default doesn't mean it's the culprit of anterior uveitis. Hence unnecessary invasive interventions that may lead to complications could be avoided.

Key words - IOFB, Anterior Uveitis, ocular trauma

COSL PP 17

INCIDENCE OF INTRAOCULAR PRESSURE ELEVATION FOLLOWING INTRAVITREAL BEVACIZUMAB INJECTIONS AND ASSOCIATED RISK FACTORS: A RETROSPECTIVE COHORT STUDY OF 500 EYES

AMS Banu, BMIU Mendis, JD Dias

Purpose: To evaluate the incidence of intraocular pressure (IOP) elevation following intravitreal bevacizumab (IVB) and determine its association with repeated injections, lens status, and underlying retinal pathology.

Methods: A retrospective cohort study of 500 eyes of 500 patients receiving IVB was conducted during the period of six months (Nov-2025 to May-2026). Diagnosed patients with prior glaucoma, high IOP or steroid exposure were excluded. Same IVB type was given to all patients. IOP elevation was defined as IOP >21 mmHg at 1 month on two occasions. Associations were analyzed using chi-square testing.

Results: IOP elevation was observed in 29/500 eyes (5.8%), of which 25 (5.0%) were transient and 4 (0.8%) required long-term treatment. Incidence increased significantly with repeated injections: 4.58% (1 injection), 6.96% (2–5 injections), and 11.11% (>5 injections) ($p = 0.048$). Persistent IOP elevation was highest in eyes receiving >5 injections (5.55%). Incidence varied by indication, highest in retinal vein occlusions (17.39%), though not statistically significant ($p = 0.061$). No significant association was seen with lens status ($p = 0.72$).

Conclusion: IOP elevation following IVB occurs in a small but clinically significant proportion of patients and shows a dose-dependent relationship with repeated injections. Increased vigilance is recommended in patients with higher cumulative exposure to intravitreal bevacizumab. Underlying retinal pathology may influence risk, while lens status appears to have minimal impact.

COSL PP 18

WHEN THE MACULA MISSES THE PULSE

K Niruththan

Background: Acute macular neuroretinopathy (AMN) is a rare retinal disorder characterized by paracentral visual symptoms and characteristic tear-drop-shaped parafoveal lesions. Multimodal imaging suggests ischemic injury involving the deep retinal capillary plexus and outer retina. We describe an unusual case of AMN after anaphylaxis.

Methods: A case report is presented.

Case: A 23-year-old shop manager developed bilateral blurred vision after an anaphylactic reaction to intravenous cefuroxime, requiring intensive care and vasoconstrictors for one day. He noticed blurred vision on waking the following day. Best-corrected visual acuity was 6/12 in both eyes. Anterior segment examination was unremarkable. Fundus examination revealed perifoveal, tear-drop-shaped greyish lesions, more prominent in the right eye. Spectral-domain optical coherence tomography demonstrated patchy outer nuclear layer thinning and ellipsoid zone disruption. These structural changes corresponded with areas of reduced flow in the deeper capillary plexus on OCT angiography, supporting an ischemic mechanism. He was treated with a course of oral corticosteroids, with partial subjective and anatomical improvement.

Discussion: AMN is an uncommon macular ischemic syndrome, increasingly recognized with multimodal retinal imaging. Reported associations include hypotension, vasoactive medications, infections, hormonal changes, and other conditions causing retinal vascular compromise. AMN after anaphylaxis is exceptionally rare, and the combination of anaphylactic shock, intensive care treatment, and vasoconstrictor exposure provides an ischemic insult to the deep retinal circulation.

Conclusion: Acute visual symptoms after anaphylaxis should prompt retinal assessment. Recognition of AMN through multimodal imaging can reveal subtle ischemic macular injury and may provide insight into the retinal consequences of severe hypoperfusion and vasoconstriction.

COSL PP 19

BLINDED BY RADIATION: RADIATION RETINOPATHY FOLLOWING EXTERNAL BEAM RADIOTHERAPY FOR FACIAL MYELOID SARCOMA: A CASE REPORT

PMT Warnakula , PAH Fernandopulle , DHH Wariyapola

Introduction & Objectives: Radiation retinitis (RR) is a delayed, progressive microvasculopathy following ocular, periocular, or extraocular irradiation. We report a case of RR in a young patient following external beam radiotherapy (EBRT) for myeloid sarcoma of the right cheek, to highlight its clinical course, management, and variable treatment responses.

Material and Methods: A retrospective case report of a 30-year-old female who completed EBRT for myeloid sarcoma of the right cheek in February 2024 and presented one year later with Blurring of vision. She had no other medical comorbidities. Fundus examination revealed retinal microaneurysms, retinal hemorrhages, cotton wool spots and macular edema. Optical coherence tomography (OCT) revealed a centre involved macular edema. Interventions included panretinal photocoagulation (PRP), sequential intravitreal anti-VEGF agents (bevacizumab [1 dose per eye] and aflibercept [2 doses per eye]), and bilateral posterior sub-Tenon (PST) triamcinolone injections.

Results: Anti-VEGF therapy yielded only partial response in central retinal thickness. The macula demonstrated the most significant structural and functional improvement following PST corticosteroid administration, resulting in marked resolution of macular edema and stabilization of visual acuity.

Discussion and Conclusion: RR can occur as an early-onset or delayed complication following extraocular facial irradiation for hematologic malignancies. While anti-VEGF therapy and PRP remain key interventions for retinal ischemia and neovascularization, radiation-induced inflammatory macular edema may exhibit a superior therapeutic response to targeted localized corticosteroid therapy, such as PST injections. Routine ophthalmic surveillance is critical post-radiotherapy to enable timely multi-modal intervention.

Key words: radiation retinitis; myeloid sarcoma; anti-VEGF; posterior sub-Tenon injection; macular edema; radiotherapy

COSL PP 20

**WHEN ICGA IS UNAVAILABLE: NON-DYE MULTIMODAL IMAGING AND COLLABORATIVE
DIAGNOSIS IN APMPE**

P Sriharanathan

Introduction & objectives: Acute posterior multifocal placoid pigment epitheliopathy (APMPPE) is an uncommon immune-mediated chorioretinal inflammatory condition. ICGA is the most informative dye-based test because it demonstrates choriocapillaris hypoperfusion; however, during local ICGA unavailability, non-dye multimodal imaging can provide diagnostic and monitoring support. We report bilateral APMPE diagnosed and monitored using non-dye imaging and tele-expert review.

Material and methods: A 28-year-old female presented with painless right-eye visual loss for 3 days and bilateral floaters, preceded by headache, joint pain and neck pain. BCVA was 1.9 logMAR in the right eye and 0.0 logMAR in the left eye. Anterior segments were normal with trace vitreous cells. Fundus examination revealed bilateral creamy placoid posterior-pole lesions. CBC and chest X-ray were normal; VDRL and ANA were negative.

Results: Colour fundus photography showed bilateral creamy-yellow posterior-pole placoid lesions without haemorrhagic or vasculitic features. FAF demonstrated mixed hyper- and hypo-autofluorescent RPE abnormalities. OCT showed outer retinal/RPE-ellipsoid zone disruption. OCTA revealed choriocapillaris flow-signal voids; fovea-centred involvement in the right eye correlated with worse presenting vision. AI-assisted area estimation of OCTA flow voids helped compare pre- and post-treatment changes. Serial imaging after oral prednisolone showed anatomical and functional improvement.

Discussion and conclusion: Important infective mimickers, including syphilis and tuberculosis, were excluded. Review by 2 international experts supported the diagnosis. FAF, OCT and OCTA aided APMPE diagnosis when ICGA was unavailable. Expert communication and AI-assisted image analysis may strengthen rare-disease diagnostic reasoning and teaching. Rapid recovery made persistent placoid maculopathy unlikely.

Keywords: APMPE; OCTA; fundus autofluorescence; choriocapillaris; multimodal imaging

COSL PP 21

**EVALUATION OF CHANGES IN OPTICAL COHERENCE TOMOGRAPHY (OCT) BIOMARKERS
AFTER ORAL EPLERENONE THERAPY IN CHRONIC CENTRAL SEROUS CHORIORETINOPATHY
AND THEIR CORRELATION TO FUNCTIONAL VISUAL OUTCOME**

P Mishra, B Moharana, S Palanisamy

Purpose: This study aimed to assess the efficacy of the mineralocorticoid receptor antagonist eplerenone on chronic central serous chorioretinopathy.

Methods: In this prospective observational study, patients diagnosed with chronic central serous chorioretinopathy fulfilling the inclusion criteria and exclusion criteria were recruited. The best-corrected visual acuity (BCVA) on baseline was noticed, and optical coherence tomography (OCT) parameters (central macular thickness (CMT), subfoveal choroidal thickness (SFCT), subretinal fluid (SRF) height and base, ellipsoid zone (EZ) integrity) were measured at baseline. Participants were then advised about starting the eplerenone 25 mg tablet, and after one month, if serum K⁺ is <5 mmol/L, the dose was increased to 50 mg for two months. The same variables were assessed after three months.

Results: In this study, BCVA, SFCT, and SRF base changes from baseline to three months were statistically insignificant ($p=0.061$; $p=0.354$; $p=0.577$). However, CMT ($p=0.016$) and SRF height ($p<0.001$) have reduced significantly from baseline to three months. EZ integrity ($p=0.009$) showed significant changes from baseline to three months. On correlating BCVA changes with OCT parameters, findings were insignificant, but had a negative correlation for CMT ($r=-0.030$), SRF height ($r=-0.083$), and SRF base ($r=-0.246$).

Conclusion: Despite insignificant changes in BCVA, SFCT, SRF base, and EZ integrity, eplerenone showed a significant effect in reducing CMT and SRF height, which contributes to minimal improvement in visual acuity.

COSL PP 22

THE EYE AS A METABOLIC WINDOW: RETINOMICS IN ACTION - A CASE REPORT

EPA Samaratunga, RDP Jayawardana, MGTW Premadasa, EMSMK Ekanayaka, P Sriharanathan

Introduction: Ornithine aminotransferase (OAT) deficiency is a rare autosomal recessive disorder causing hyperornithinaemia due to impaired ornithine metabolism.

Case: A 6-year-old girl of consanguineous parentage was managed for myopia. Twelve years later, BCVA was 0.54/0.40 logMAR with high myopic astigmatism (−11.00 DS/−3.50 DC) and bilateral cataracts. Fundus imaging showed confluent scalloped chorioretinal atrophy sparing the posterior pole. OCT demonstrated cystoid macular oedema; angiography showed choriocapillary loss without leakage, confirming it non-leaking. This phenotype prompted metabolic investigation.

Materials, Methods and Results: Choroideremia, diffuse choroidal atrophy, pathological myopia and late-stage retinitis pigmentosa were excluded, with ocular phenotype strongly favoring gyrate atrophy. Low BMI (16.3 kg/m²), low creatinine 36 µmol/L (50-100), high CPK 207 U/L (34-145) and high normal ammonia 40 µmol/L (<40) supported the diagnosis. Tandem mass spectrometry in dried blood spots reported a normal ornithine level of 386 µM (<450) possibly due to instability. Despite this, suspicion of OAT deficiency remained high and treatment with pyridoxine 100 mg daily and low-protein, low-arginine diet was initiated. After six months, direct plasma amino acid analysis by HPLC demonstrated elevated ornithine 758 µmol/L (47-195) and low lysine 61 µmol/L (116-276), confirming biochemical diagnosis of OAT deficiency as the first reported Sri Lankan case according to the available literature.

Discussion and Conclusion: Initial false-normal ornithine levels were likely due to degradation during transport of dried blood spot samples to an overseas laboratory. Direct plasma amino acid analysis proved more reliable.

Myopia should never be final diagnosis. Rare, sight-threatening disorders may lurk behind apparently routine myopia.

Key words: Ornithine amino transferase, mass spectrometry, Gyrate atrophy, Non-vasogenic cystoid macular edema

COSL PP 24

PERIPHERAL EXUDATIVE HAEMORRHAGIC CHORIORETINOPATHY IN A CASE SERIES OF SEVEN PATIENTS

PMT Warnakula, S Pavithran, TD Munasinghe, DHH Wariyapola

Introduction & Objectives: Peripheral exudative haemorrhagic chorioretinopathy (PEHCR) is an uncommon, degenerative peripheral retinal condition that can closely mimic choroidal melanoma, often leading to diagnostic uncertainty and unnecessary intervention. We reviewed the clinical presentation, multimodal imaging, and outcomes of seven consecutive patients diagnosed with PEHCR at our institution.

Material and Methods: A retrospective, single-centre case series of seven patients diagnosed with PEHCR over a two-year period was conducted. Data collected included age, sex, laterality, presenting symptoms, fundus findings, optical coherence tomography (OCT) features, initial differential diagnosis, management strategies, and final visual outcomes.

Results: Seven eyes of seven patients (6 female, 1 male) were included. Most lesions were located in the temporal periphery and presented with blurred vision and floaters. OCT demonstrated subretinal and sub-retinal pigment epithelium fluid with haemorrhage. All patients received intravitreal anti-vascular endothelial growth factor (anti-VEGF) therapy for prominent exudation. Visual acuity remained stable or improved in all patients at final follow-up (mean 14 months).

Discussion & Conclusion: PEHCR predominantly affects elderly female patients and shares clinical features with age-related macular degeneration. Recognizing characteristic multimodal imaging features reliably distinguishes PEHCR from choroidal melanoma and prevents unnecessary invasive treatment. Conservative management with periodic monitoring is usually sufficient, while anti-VEGF therapy benefits eyes with significant exudation.

Keywords: Peripheral exudative haemorrhagic chorioretinopathy; PEHCR; Anti-VEGF

COSL PP 25

WHEN EVERY MILLIMETER MATTERS: TISSUE-PRESERVING EXCISION OF LOWER EYELID BASAL CELL CARCINOMA

MN Arshan Ahamed, KMB Dharmasena, RMDK Rathnayaka, JD Dias

Introduction & Objectives: Basal cell carcinoma (BCC) is the commonest eyelid malignancy. Complete tumor clearance must be balanced against preservation of functional eyelid tissue, particularly when excision may create a defect requiring reconstruction. We describe a staged, tissue-preserving approach using permanent histopathological margin assessment where intra-operative Mohs micrographic surgery or frozen-section control was not utilized.

Material and Methods: A 50-year-old woman presented with a pigmented lower-eyelid lesion involving approximately 30–35% of the lid. Rather than initial full-thickness excision with reconstruction, conservative excisional biopsy with 2mm margin was performed, aiming to preserve uninvolved native eyelid. Histopathology demonstrated BCC with involved lateral and inferior margins. A second targeted excision was subsequently performed, directed by the histopathological findings and suspicious areas, while minimizing additional tissue removal.

Results: Re-excision of the inferior, lateral margin showed no malignancy. Despite staged excision, native eyelid architecture was substantially preserved without immediate reconstructive surgery, with maintained eyelid closure and no clinically evident exposure or lacrimal functional disturbance.

Discussion and Conclusion: Staged paraffin-section-guided excision may provide a pragmatic tissue-conserving strategy when intraoperative margin-control techniques are unavailable. Published small-margin series support selective re-excision after permanent histology. However, delayed identification of residual tumor, repeated procedures and potential recurrence are important limitations. Histologically confirmed complete clearance and long-term surveillance remain mandatory.

Keywords: basal cell carcinoma; tissue preservation; staged excision; histopathology

COSL PP 26 ENDONASAL ENDOSCOPIC EXCISION OF ORBITAL LESIONS

AK Jaiswal, S Jaiswal, RM Sankar

Background: Endoscope is now increasingly being used to manage orbital lesions. The aim of the paper is to report our experience of managing different orbital lesions by endonasal pure endoscopic approach.

Aims and objective: To evaluate the feasibility and safety of endonasal endoscopic surgery for orbital lesions.

Material and method: The study was performed by retrospective review of the medical records of the patients of orbital lesions operated in our department with endonasal endoscopic approach.

Results: Thirty-seven patients of orbital lesions presented with unilateral progressive proptosis (n=37), restriction of eye movement and diplopia (n=22), visual deterioration (n=24) and unilateral blindness (n=9). MRI was suggestive of intraconal (n=27) and extraconal (n=10) lesions. The lesions were excised by pure endoscopic endonasal approach in all the cases. Most common histology was cavernous hemangioma (n=14) followed by schwannoma (n=8), pilocytic astrocytoma (n=6) and others (n=9). The extent of excision was total (n=30) and subtotal (n=7). Post-operatively proptosis resolved and symptoms improved in all the cases. No major complication was noted in 36 cases and remaining one had visual deterioration and ophthalmoparesis following surgery.

Conclusions: Endonasal endoscopic approaches to orbital lesions is feasible, safe, minimally invasive and bears excellent outcome.

COSL PP 27

LIDS DROOPED FIRST, THEN THE EYES STOPPED MOVING – A DIAGNOSTIC DILEMMA

P Vaishnavan, N Kiriukan, NPPS Premarathne, KN Goonerathne

Introduction: Ocular myasthenia gravis is an autoimmune condition affecting the neuromuscular junction, presenting with partial ptosis with fatigability and any type of ocular motility disorder. Chronic progressive external ophthalmoplegia is a group of mitochondrial disorders characterised by ptosis and progressive ophthalmoplegia. These overlapping clinical pictures may pose a significant diagnostic challenge.

Case Presentation: A 59-year-old man presented with bilateral partial ptosis since childhood. His birth history was significant for neonatal hypotonia and feeding difficulties. He had previously been diagnosed with congenital myasthenia and treated with neostigmine, with significant symptomatic improvement in childhood. However, he subsequently defaulted on treatment. 30 years later, at an incidental ophthalmic evaluation, he was found to have bilateral complete ophthalmoplegia in addition to nonprogressive partial ptosis with no fatigability and no other systemic involvement. This clinical picture raised suspicion of chronic progressive external ophthalmoplegia. Therapeutic trial of pyridostigmine produced no improvement. Neuroimaging was normal, and repeated nerve stimulation studies showed no evidence of a neuromuscular junction disorder. Bilateral primary open-angle glaucoma was also diagnosed.

Discussion: The Neonatal and childhood history and a previous response to neostigmine supported the initial diagnosis of Congenital Myasthenia. However, the development of bilateral complete ophthalmoplegia, lack of response to pyridostigmine later, and normal repeated nerve stimulation studies are unfavourable to the previous diagnosis. The unavailability of antibody testing and genetic testing in the government sector poses significant limitations in crucial diagnosis. These conflicting findings posed a significant diagnostic dilemma.

COSL PP 28

**HISTOPATHOLOGICAL SPECTRUM OF ORBITAL LESIONS: A RETROSPECTIVE ANALYSIS OF 127
CASES FROM A TERTIARY CARE CENTER**

S Jaiswal, AK Jaiswal

Introduction: Orbital tumors comprise a heterogeneous group of neoplastic and non-neoplastic lesions. Accurate histopathological diagnosis remains the gold standard for definitive characterization and guides appropriate clinical management.

Aims and Objectives: To evaluate the histopathological spectrum of orbital lesions and to analyze their demographic distribution and pathological characteristics

Materials and Methods: This retrospective study was conducted on 127 consecutive orbital specimens received in the Department of Pathology over last 10 years. Clinical, demographic, radiological, operatives, and histopathological details were retrieved from hospital records. The histopathology slides were reviewed in all cases to establish the final diagnosis.

Results: A total of 127 patients with orbital lesions were included in the study. The age of the patients ranged from 1 to 76 years (mean 24.3 years). Benign lesions constituted 68.5% (n=87), malignant tumors 11.3% (n=14), inflammatory lesions 14.2% (n=18), and miscellaneous lesions 6% (n=8). The most common benign lesion was cavernous hemangioma, whereas metastasis was the most frequent malignant tumor. Vascular lesions, lymphoproliferative disorders, lacrimal gland tumors, peripheral nerve sheath tumors, and metastatic lesions were observed in varying frequencies. Histopathological examination established the definitive diagnosis in all cases and significantly influenced subsequent therapeutic decision-making.

Conclusions: Orbital lesions demonstrate considerable histopathological diversity, necessitating meticulous pathological evaluation for accurate diagnosis and optimal patient management.

COSL PP 29

**NEONATAL DACRYOCYSTITIS, LACRIMAL ABSCESS AND FACIAL CELLULITIS ASSOCIATED WITH
ACHROMOBACTER XYLOSOXIDANS**

S Sinha, S Saurabh, S Gupta, B Singh

Achromobacter xylosoxidans is an atypical organism known to cause nosocomial infection with septicaemia and pneumonia, resulting in outbreaks in neonatal intensive care units (NICUs). It has been reported in an elderly patient as a cause of dacryocystitis. Corneal ulcers and post operative infections of the eye have also been reported. We report the rare case of an afebrile 3-weeks-old neonate who presented with an inflammatory swelling in right lacrimal sac region. A fluctuant ROPLAS-negative 12x9 mm swelling was palpated with surrounding cellulitis. Conjunctival swab was taken. Child was admitted to NICU; injectable and local antibiotics and analgesic-anti-inflammatory agents were started. Lacrimal abscess was drained under general anesthesia. Subsequently, swelling and mucopurulent discharge reappeared and were drained again. Culture on MacConkey agar showed small, pale-colored, low convex colonies and blood agar showed 1-2 mm, round, moist, grey, smooth, non-hemolytic, citrate-utilizing colonies. Gram-negative bacilli were seen on smear examination. Further analysis included phenotypic characterization using VITEK®-2 automated system (BioMérieux, Marcy-l'Étoile, France) and antimicrobial susceptibility testing (AST) using N406 AST card. The Gram-negative Identification (GN ID) card accurately identified Achromobacter xylosoxidans in all samples, and found it sensitive to fluoroquinolones, amikacin, cefoperazone, ceftazidime, sulbactam, imipenem and cotrimoxazole. Continuation of topical Moxifloxacin and Tobramycin led to resolution. To our knowledge, this is the second worldwide report of this organism as a cause of dacryocystitis and the first report of this occurring in a neonate. High index of suspicion is required to identify such atypical organisms which are often dismissed as being contaminants in samples.

COSL PP 30

THE IMPORTANCE OF LONG-TERM FOLLOW-UP IN A CHILD WITH BILATERAL RETINOBLASTOMA: A CASE REPORT

KR Mannanayake, H Abeysekera

Introduction and Objectives: Retinoblastoma is the most common intraocular malignancy in children. Long-term surveillance remains essential for detecting recurrence, managing complications, and preserving vision. This case highlights the importance of long-term follow-up in bilateral retinoblastoma survivors.

Materials and Methods: A retrospective review was conducted of a child diagnosed with B/L retinoblastoma at 2 years and 7 months, presenting with leukocoria of the left eye. Right eye Group B and Left eye Group E was diagnosed and left eye primary enucleation was performed. Six cycles of systemic chemotherapy, 810nm and 532nm laser was carried out to salvage the right eye. After remission of the tumor in right eye regular examinations under anesthesia (EUA) were carried out for surveillance.

Results: After disease-free period of 3 years a tumor reactivation diagnosed at the temporal edge of the macular lesion. Visual acuity was 6/9 and 810nm laser and second-line systemic chemotherapy were initiated, resulting in complete regression of the recurrent tumor after the 4th chemotherapy cycle. The child is 8 years of age now and up-to today remains disease-free on 6 monthly EUA follow-up. Visual acuity after treatment remains 6/9.

Discussion and Conclusion: Retinoblastoma can reactivate after prolonged remission. Regular EUAs enabled early detection and timely treatment, achieving successful globe salvage of the eye.

Key Words: Retinoblastoma, Tumor reactivation, Long-term follow up.

COSL PP 31

PARTIAL SPONTANEOUS REGRESSION OF UNILATERAL RETINOBLASTOMA MIMICKING RETINOCYTOMA

UAK Tennekumbura

Background: Retinoblastoma is a rare malignant tumour originating from embryonic retinal cells. Spontaneous regression is an uncommon phenomenon, with an approximate prevalence of 1 to 2%. Partially regressed tumors may mimic benign retinocytoma, but could harbor viable malignant potential, requiring vigilant clinical differentiation and management.

Case Presentation: An 8-year-old male was referred from school medical inspection for reduced visual acuity in left eye.

Ocular Examination under anaesthesia revealed a partially calcified, fibrotic, endophytic, greyish white retinal mass with surrounding chorioretinal atrophy, characteristic of a retinoblastoma with type regression pattern. B scan ultrasonography confirmed intralesional calcifications. MRI brain and orbit identified a left intraocular mass compatible with a retinoblastoma with no evidence of extra ocular spread or optic nerve involvement. Based on the international classification of Retinoblastoma, the tumour was staged as Group C.

Due to the presence of viable tumor component within the regressed lesion, a regimen of systemic chemotherapy was initiated followed by targeted focal laser therapy. Over 12 months follow up, progressive tumor regression marked by increased calcification and fibrosis was observed. To date, there is no evidence of recurrence or secondary malignancies.

Conclusion: Partial spontaneous regression in retinoblastoma can mimic an inactive retinal lesion, potentially masking viable malignant tissue. A multidisciplinary approach, incorporating multimodal imaging, genetic evaluation, and longitudinal monitoring, is essential to prevent undertreatment and ensure favorable long-term outcomes.

COSL PP 32

HISTOLOGICAL CLASSIFICATION GAPS IN PEDIATRIC RETINOBLASTOMA: EVIDENCE FROM A NATIONAL CANCER REGISTRY

A Atchuthan

Background: Accurate histological classification is central to cancer epidemiology, clinical decision-making, and research. However, in low- and middle-income countries (LMICs), registry data often contain high proportions of "not otherwise specified" (NOS) diagnoses, reflecting underlying diagnostic constraints. Retinoblastoma, a predominantly pediatric malignancy, provides a unique model to examine these limitations within a biologically well-defined tumor. Methods: A retrospective analysis of pediatric retinoblastoma cases (0–19 years) from the Sri Lanka National Cancer Registry (2011–2022) was conducted. Histological categories were evaluated by year and sex. The proportion of NOS classifications was quantified, and temporal patterns were assessed to identify systemic trends in diagnostic specificity.

Results: Across the study period, retinoblastoma demonstrated overwhelming pediatric dominance. Histologically, >85–90% of cases were classified as "retinoblastoma, NOS," with minimal representation of differentiated subtypes. This pattern persisted consistently across years without evidence of improvement in classification granularity. No significant sex-based differences in histological distribution were observed.

Conclusion: The high proportion of NOS classifications in pediatric retinoblastoma highlights a critical gap in diagnostic precision within LMIC cancer registries. While retinoblastoma biology is well characterized, its representation in registry data remains overly simplified, limiting epidemiological resolution and translational applicability. Strengthening pathology capacity, standardizing reporting, and integrating molecular classification are essential to improve data quality and enable precision oncology in resource-limited settings.

Keywords: Retinoblastoma; Histology; NOS classification; Cancer registry; Pathology gap; LMIC; Pediatric oncology

COSL PP 33

**AGE-CONSTRAINED ONCOGENESIS: A POPULATION-BASED ANALYSIS OF RETINOBLASTOMA
IN SRI LANKA (2011–2022)**

A Atchuthan

Background: Cancer incidence is traditionally explained by cumulative exposure; however, certain malignancies demonstrate strict age confinement, suggesting biologically constrained windows of oncogenic vulnerability. Retinoblastoma is a prototypical embryonal tumor characterized by near-exclusive occurrence in early childhood. Population-based evidence from low- and middle-income countries (LMICs) remains limited.

Methods: A retrospective population-based study was conducted using Sri Lanka National Cancer Registry data from 2011–2022. Cases were stratified by age and sex. Age-specific distribution, pediatric burden, and temporal trends were analyzed. Log-linear regression was applied to estimate annual percentage change (APC).

Results: A total of 425 cases were identified (mean ~35/year). The age distribution was sharply left-skewed, with approximately 70–80% of cases occurring in the 0–4-year age group and over 90% before age 10. Adult cases were negligible, confirming extreme pediatric confinement. Sex distribution was balanced without consistent predominance. Temporal analysis demonstrated stable incidence over the study period ($APC \approx +0.6\%$, non-significant). These findings are consistent with global epidemiology, where incidence remains stable despite marked disparities in survival between high-income (>95%) and LMIC settings (30–60%).

Conclusion: Retinoblastoma demonstrates hallmark features of age-constrained oncogenesis, with incidence determined by developmental timing rather than cumulative exposure. This framework highlights the importance of early-life detection strategies and strengthens the rationale for prioritizing pediatric oncology systems in LMICs.

Keywords: Retinoblastoma; Pediatric cancer; Age distribution; Epidemiology; LMIC; Developmental oncogenesis; Cancer registry

COSL PP 34

**CLINICAL UTILITY AND LIMITATIONS OF THE OCULAR TRAUMA SCORE IN OPEN GLOBE
INJURIES: A RETROSPECTIVE COHORT STUDY**

BMIU Mendis, AMS Banu

Purpose: To validate the Ocular Trauma Score (OTS) and assess the impact of additional structural ocular damage on visual outcomes in patients with open globe injuries.

Methods: A retrospective analysis of 125 eyes with open globe injuries presenting between August 2022 and August 2025 was conducted. Pediatric patients (<12 years) and those with known pre-existing ocular pathology were excluded. OTS was calculated at presentation, and final visual acuity at 6 months was recorded. Additional injuries including lens damage, vitreous hemorrhage, vitreous expulsion, and uveal tissue loss were analyzed.

Results: Most patients presented early, with 72% arriving within 5 hours of injury and 70% undergoing primary repair within 24 hours. Most injuries were categorized as OTS 2 (66.4%).

In OTS 1, 61% of eyes resulted in no perception of light (NPL), consistent with predicted outcomes. However, in OTS 2, 64% achieved moderate visual acuity (6/60–6/36), suggesting better-than-expected outcomes. In contrast, OTS 3 demonstrated a higher proportion of poor outcomes than predicted.

Importantly, eyes with additional severe structural damage, particularly vitreous and uveal tissue expulsion, showed significantly worse visual outcomes irrespective of OTS category, with most progressing to NPL or only perception of light.

Conclusion: OTS is a very useful tool for predicting visual outcomes in open globe injuries but has limitations in cases with severe structural disruption. Incorporating additional variables such as vitreous and uveal tissue loss may improve prognostic accuracy.

COSL PP 35

**BILATERAL RECURRENT ACUTE MACULAR NEURORETINOPATHY WITH MINIMAL FUNCTION-
AL DEFICIT: A DIAGNOSTIC CHALLENGE**

KA Jithmini, PMT Warnakula, NRNS Wijayasiri, L Gurusinghe

Introduction & Objectives: Acute macular neuroretinopathy (AMN) is a rare outer retinal disorder typically presenting with paracentral scotomas and subtle fundus abnormalities. Atypical presentations with preserved visual function may pose a diagnostic challenge. This is a recurrent bilateral case in which serial optical coherence tomography (OCT) was crucial for diagnosis.

Materials and Methods: A 30-year-old previously healthy woman presented with bilateral generalized blurring of vision and difficulty reading for two weeks. A similar episode had occurred previously and resolved completely over two weeks. Best-corrected visual acuity was 6/6 bilaterally, with normal colour vision. There was no history of oral contraceptive or corticosteroid use, recent systemic illness or vaccination. Multimodal retinal imaging and systemic investigations were performed.

Results: Fundus examination revealed subtle RPE changes. OCT demonstrated bilateral hyperreflective material involving the outer plexiform and outer nuclear layers, without focal ellipsoid or interdigitation zone disruption. Repeat OCT after three weeks demonstrated partial reduction of the hyperreflective changes. automated perimetry was normal. OCT angiography showed no demonstrable vascular abnormality. A small unilateral perifoveal pigment epithelial detachment was noted in the right eye. FBC, ESR, CRP, HbA1c and ANA were unremarkable. MRA and MRV were normal.

Discussion & Conclusion: The recurrent bilateral symptoms, characteristic outer retinal OCT abnormalities and their temporal evolution were most consistent with an atypical AMN phenotype. This case highlights the importance of careful serial OCT assessment in patients with unexplained visual disturbance despite preserved visual function and minimal fundoscopic abnormalities.

Keywords: Acute macular neuroretinopathy; Outer retinal disease; Recurrent AMN

COSL PP 36

WHEN THE EYE REVEALS THE BRAIN: RECOGNITION OF ATAXIA DURING ROUTINE OPHTHALMIC ASSESSMENT LED TO THE DIAGNOSIS OF A CONCURRENT CEREBELLAR RING-ENHANCING LESION IN A PATIENT WITH CYTOMEGALOVIRUS RETINITIS AS UNMASKING IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME

KAS Nilanka, PKDAP Pitigala, KA Jithmini, DT Goonasekera

Introduction: Immune reconstitution inflammatory syndrome (IRIS) following initiation of antiretroviral therapy (ART) can unmask previously undiagnosed opportunistic infections in patients with advanced HIV infection. These may present as vision-threatening CMV retinitis or life-threatening central nervous system space-occupying lesions, including toxoplasmosis, tuberculoma, and cerebral abscess.

Case Presentation: A male patient with recently diagnosed retroviral infection presented with a 2-day history of painless, progressive blurring of vision in the left eye, two weeks after initiation of antiretroviral therapy (ART) fundoscopy revealed yellow-white granular lesions, retinal haemorrhages, retinal vasculitis, and mild vitritis, consistent with CMV retinitis. Intravenous and intravitreal ganciclovir therapy was commenced. One week after admission, pronounced ataxia was observed while the patient was mobilising following pharmacological pupillary dilatation for routine fundus examination, prompting urgent neurological evaluation. Contrast-enhanced CT and MRI of the brain demonstrated a ring-enhancing lesion in the medial aspect of the cerebellum. The differential diagnoses included cerebral toxoplasmosis, tuberculoma, cerebral abscess, and primary CNS lymphoma. Following multidisciplinary team discussion, empirical anti-tuberculosis therapy and treatment for suspected cerebral toxoplasmosis were initiated while systemic and intravitreal ganciclovir and ART were continued.

Conclusion: CMV retinitis is a vision-threatening opportunistic infection requiring urgent recognition and prompt antiviral therapy to preserve visual function. In patients with advanced HIV presenting with unmasking IRIS, clinicians should suspect concurrent opportunistic infections, including life-threatening central nervous system pathology. This case demonstrates the importance of assessing the patient as a whole; careful observation of pronounced ataxia while the patient was mobilising for routine dilated slit-lamp fundus examination.

COSL PP 37

**VARICELLA ZOSTER VIRUS ENCEPHALITIS PRESENTING WITH HEADACHE AND BILATERAL
OPTIC DISC EDEMA: A CASE REPORT**

KPNS Jinani, M Nitharsanan, WEAN Lakmini, JG Mahesh

Background: Varicella zoster virus (VZV) central nervous system complications typically present with classic features of meningism, fever, or encephalitic focal deficits. Atypical presentations without fever or classical focal neurological deficits can cause significant diagnostic and treatment challenges.

Case Presentation: A 32-year-old male presented with a three-week history of headache, vomiting, and transient visual symptoms. Examination revealed elevated blood pressure and bilateral hyperemic disc edema, but no signs of meningism or focal neurological deficits. Initial neuroimaging ruled out intracranial masses or venous sinus thrombosis. CSF opening pressure was 470 mmH₂O leading to a working diagnosis of Idiopathic Intracranial Hypertension (IIH). Subsequent cerebrospinal fluid (CSF) analysis revealed significant lymphocytic pleocytosis and Real-time PCR confirmed VZV specific DNA in the CSF. On further inquiry, patient had a history of varicella zoster infection in childhood. Therefore, VZV encephalitis vs confirmed and the patient was successfully treated with a 21-day course of intravenous Acyclovir, leading to complete clearance of VZV DNA and clinical recovery.

Conclusion: VZV encephalitis can mimic increased intracranial pressure syndromes like IIH. Performing lumbar punctures in patients with atypical headaches and papilledema, even in the absence of fever or meningism will minimize delays in definitive antiviral therapy.

Keywords: Varicella zoster virus encephalitis, Optic Disc Edema, Idiopathic Intracranial Hypertension

COSL PP 38

**PRESUMED CHEMOTHERAPY-INDUCED BILATERAL OPTIC NEUROPATHY-A DIAGNOSTIC
CHALLENGE**

P Vaishnavan, N Kiriyan, NPPS Premarathne, KN Goonerathne

Background: Ocular manifestations in leukemia are relatively common. They occur due to direct invasion by tumour cells or secondary to haematological abnormalities and chemotherapy-related factors. Tumour cell infiltration of the optic nerve or the central nervous system (CNS) results in optic neuropathy and disc oedema.

Case Presentation: A 23-year-old man with recently diagnosed acute lymphoblastic leukaemia was referred with acute bilateral deterioration of vision. He had commenced chemotherapy with methotrexate, cytarabine (Ara-C), and doxorubicin. No ocular surface abnormalities were noted. Visual acuity was 6/9 in the right eye and 6/60 in the left eye, with positive red desaturation and a central scotoma in the left eye's visual field. Fundus examination revealed bilateral optic disc oedema with severe vitritis, more marked in the left eye. Optical coherence tomography demonstrated optic disc oedema, preserved macular architecture, and bilateral ganglion cell loss. Other ocular, systemic and neurological parameters were normal. Leukaemic optic nerve or CNS infiltration with vitreous involvement was initially suspected. An Urgent MRI Brain and Orbits was performed, revealing no radiological abnormalities in the optic nerve or brain.

Discussion: The differential diagnosis of bilateral disc oedema in leukaemia includes leukemic infiltration of the optic nerve, CNS infiltration causing raised intracranial pressure, and vascular complications. Chemotherapy causing bilateral optic neuropathy is extremely rare. Hence, the absence of radiological evidence of infiltrates and other identifiable causes, together with the temporal relationship to treatment, suggests this may be due to chemotherapy.

COSL PP 39

PUPIL-INVOLVING PARTIAL OCULOMOTOR NERVE PALSY MIMICKING AN ADIE'S TONIC PUPIL FOLLOWING HERPES ZOSTER OPHTHALMICUS

NRNS Wijayasiri, KA Jithmini, PKDAP Pitigala, DT Goonasekara

Introduction and Objective: Oculomotor nerve palsy is an uncommon neurological complication of herpes zoster ophthalmicus (HZO). Pupillary involvement may cause mydriasis with light–near dissociation, mimicking an Adie's tonic pupil. We report a case of post-HZO partial oculomotor dysfunction with predominantly superior-division involvement and pupillary involvement, highlighting the need to exclude intracranial compression.

Materials and Methods: A retrospective review was performed of a 41-year-old woman who developed ocular motor and pupillary abnormalities following left HZO. Clinical findings, investigations, treatment and follow-up were reviewed.

Results: One week after left HZO, the patient developed 3 days of partial left ptosis and binocular diplopia on upgaze. Visual acuity was 6/6 bilaterally. Examination revealed partial ptosis and left mydriasis with light–near dissociation, without sectoral iris sphincter paralysis. No marked extra-ocular motility restriction was demonstrated despite subjective diplopia on upgaze. Dilute pilocarpine testing was unavailable. Neurological assessment suggested predominantly superior-division oculomotor involvement. Given the new-onset mydriasis, a compressive third nerve palsy, particularly from a posterior communicating artery aneurysm, was considered. NCCT brain, MRI brain and CT angiography revealed no intracranial or vascular abnormality. Treatment with intravenous acyclovir and methylprednisolone was followed by oral prednisolone taper. At two weeks, ptosis partially improved, while mydriasis persisted.

Discussion and Conclusion: Post-HZO oculomotor dysfunction may present predominantly with superior-division features despite pupillary involvement. Light–near dissociation can mimic an Adie's tonic pupil, particularly when pharmacological testing is unavailable. A new dilated pupil with ptosis and diplopia warrants urgent neuroimaging and vascular imaging to exclude life-threatening compressive causes such as intracranial aneurysm.

Keywords: Herpes zoster ophthalmicus, Oculomotor nerve palsy, Light–near dissociation, Posterior communicating artery aneurysm

COSL PP 40

A RED DISC, A RED HERRING: AN UNUSUAL CAUSE OF VISUAL LOSS

K Niruththan

Introduction: Behçet's disease is a multisystem inflammatory disorder with ocular involvement typically manifesting as posterior uveitis and occlusive retinal vasculitis. Optic disc edema with an altitudinal field defect is an unusual presentation and may mimic non-arteritic anterior ischemic optic neuropathy (NAION).

Methods: We present a case of a 29-year-old man who presented to Teaching Hospital Badulla with sudden-onset painless reduction of vision in the left eye. Detailed ophthalmic and systemic evaluation was performed.

Results: Best-corrected visual acuity was 6/24, with a relative afferent pupillary defect, reduced colour vision, inferior altitudinal visual field defect, and haemorrhagic optic disc edema. The remaining ocular examination and fellow eye were normal. Although the presentation suggested NAION, further systemic history revealed recurrent aphthous oral ulcers (>3 episodes/year), previous genital ulceration, and recent lower-limb thrombophlebitis. Systemic investigations were unremarkable, but the pathergy test was positive. He fulfilled the International Criteria for Behçet's Disease and was treated with high-dose corticosteroids and methotrexate. Vision improved to 6/6 with resolution of systemic manifestations.

Discussion/Conclusion: This case demonstrates an unusual optic nerve presentation of Behçet's disease mimicking NAION. In young patients with optic disc edema and an altitudinal field defect, careful systemic history is crucial. Recurrent oral or genital ulceration and thrombotic events should raise suspicion of an underlying inflammatory disorder, even without typical uveitis or retinal vasculitis. Early diagnosis and immunosuppression may achieve excellent visual recovery.

COSL PP 41

WHEN HEMIANOPIA SIGNALS VASCULITIS: A NEURO-OPHTHALMIC CLUE TO CEREBRAL ISCHAEMIA

GAD Aravindika, KGAU Guruge, E Sinhakumbura, KR Dayawansa

Background: Homonymous hemianopia is an important neuro-ophthalmic manifestation of retrochiasmal pathology. Cerebral ischaemia in a young patient warrants evaluation for underlying inflammatory and vasculitic disorders.

Case: A 39-year-old woman with hypertension, diabetes mellitus and dyslipidaemia presented with sudden-onset right homonymous hemianopia associated with headache and dizziness on awakening, without vomiting or other systemic manifestations. Visual acuity was 6/6 in both eyes, and the remainder of the ocular examination was normal. Non-contrast computed tomography (NCCT) of the brain demonstrated a left occipital infarction, and antiplatelet therapy was initiated. Further evaluation for young stroke was undertaken. She reported a previous episode of transient ischaemic attack four years earlier. Cerebral angiography demonstrated findings compatible with cerebral vasculitis. She was subsequently treated with intravenous methylprednisolone pulses for five days, following which mild clinical improvement in her visual fields was observed. Serum antinuclear antibody (ANA) was positive. In view of the recurrent cerebrovascular events, angiographic evidence of vasculitis and clinical response to corticosteroids, an inflammatory vasculitic process was considered likely. She is currently awaiting intravenous rituximab therapy.

Conclusion: Homonymous hemianopia may be an important presenting manifestation of cerebral vasculitis. Early recognition and appropriate neuroimaging and systemic evaluation are essential for diagnosis and timely treatment.

COSL PP 42

**CONJUNCTIVAL SPINDLE CELL MELANOMA WITH EXTENSIVE MELANOMA IN SITU: A CASE
REPORT**

*M Umashankar, DPS Nanayakkara, C Bandara, MP Gunaratne,
N Najeeb, HHDRK Hettiarachchi*

Background: Conjunctival malignant melanoma is a rare, potentially aggressive ocular surface malignancy. Early recognition and accurate assessment of tumour extent are essential for appropriate management.

Case Presentation: A 60-year-old female presented with a progressively enlarging hyperpigmented lesion of the left conjunctiva over four years. Mapping biopsies performed in June revealed conjunctival melanocytic intraepithelial neoplasia with a few invasive foci. An incisional biopsy performed subsequently was highly suggestive of spindle cell melanoma. Due to extensive conjunctival involvement, left orbital exenteration was performed. Gross examination revealed a polypoidal pigmented lesion arising from the bulbar conjunctiva. Histologically, the lesion was composed predominantly of malignant spindle-shaped melanocytes, consistent with spindle cell melanoma. The invasive component was confined to the superficial subconjunctival tissue and abutted the sclera without evidence of scleral invasion. Extensive melanoma in situ involved the medial, superior, inferior, and lateral bulbar conjunctiva. No lymphovascular or perineural invasion was identified. The ciliary body, choroid, retina, and optic nerve were uninvolved.

Conclusion: This case highlights conjunctival spindle cell melanoma with widespread melanoma in situ and superficial invasion. Mapping biopsy was valuable in detecting early invasive disease and assessing the extent of involvement. Thorough histopathological examination of the exenteration specimen was essential to define tumour distribution, depth of invasion, and absence of intraocular or optic nerve involvement.

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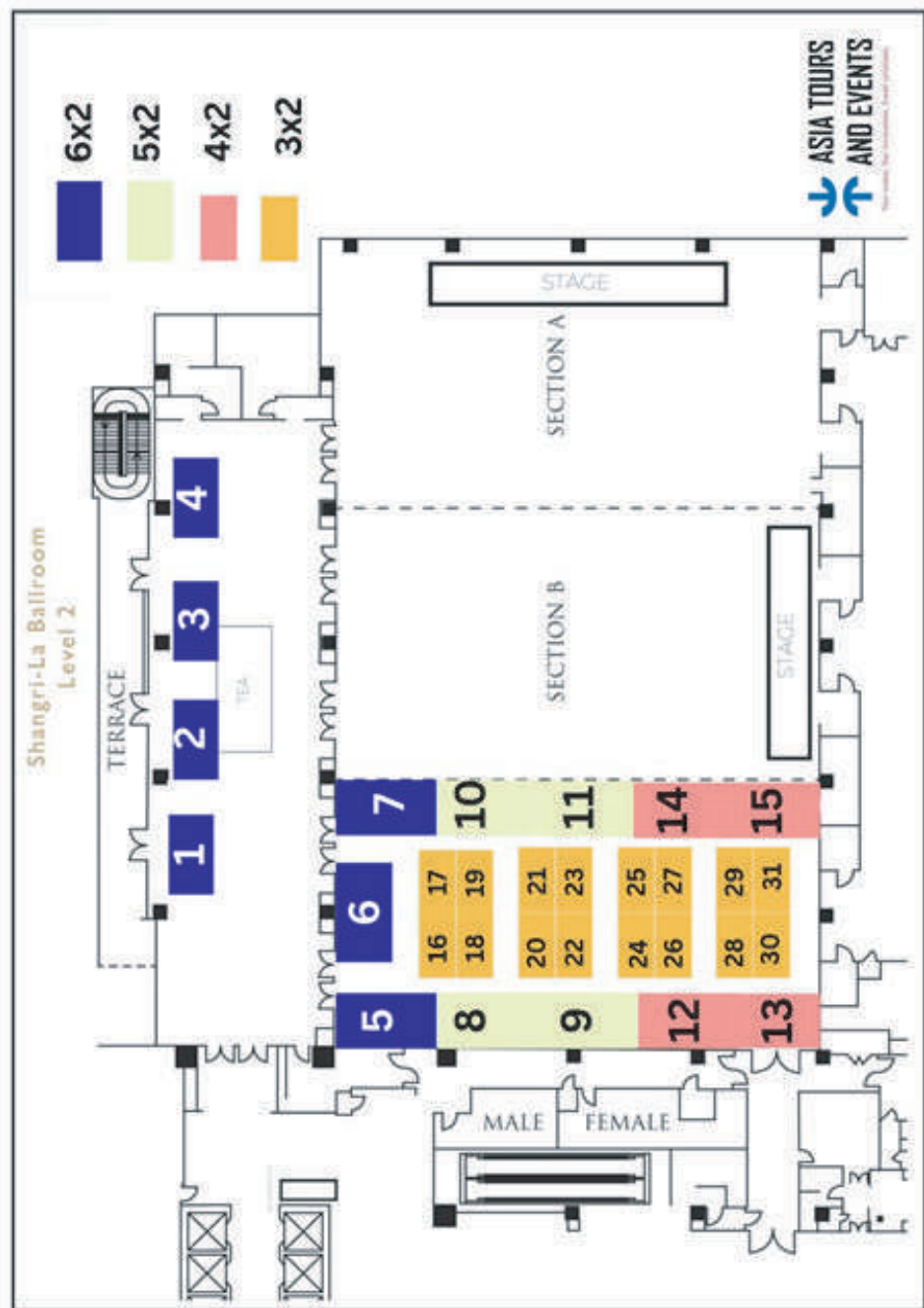
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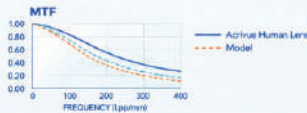
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35TH ANNUAL CONGRESS OF THE COSL

28th – 30th October 2027
Hotel Shangri-La, Colombo, Sri Lanka

Acknowledgement

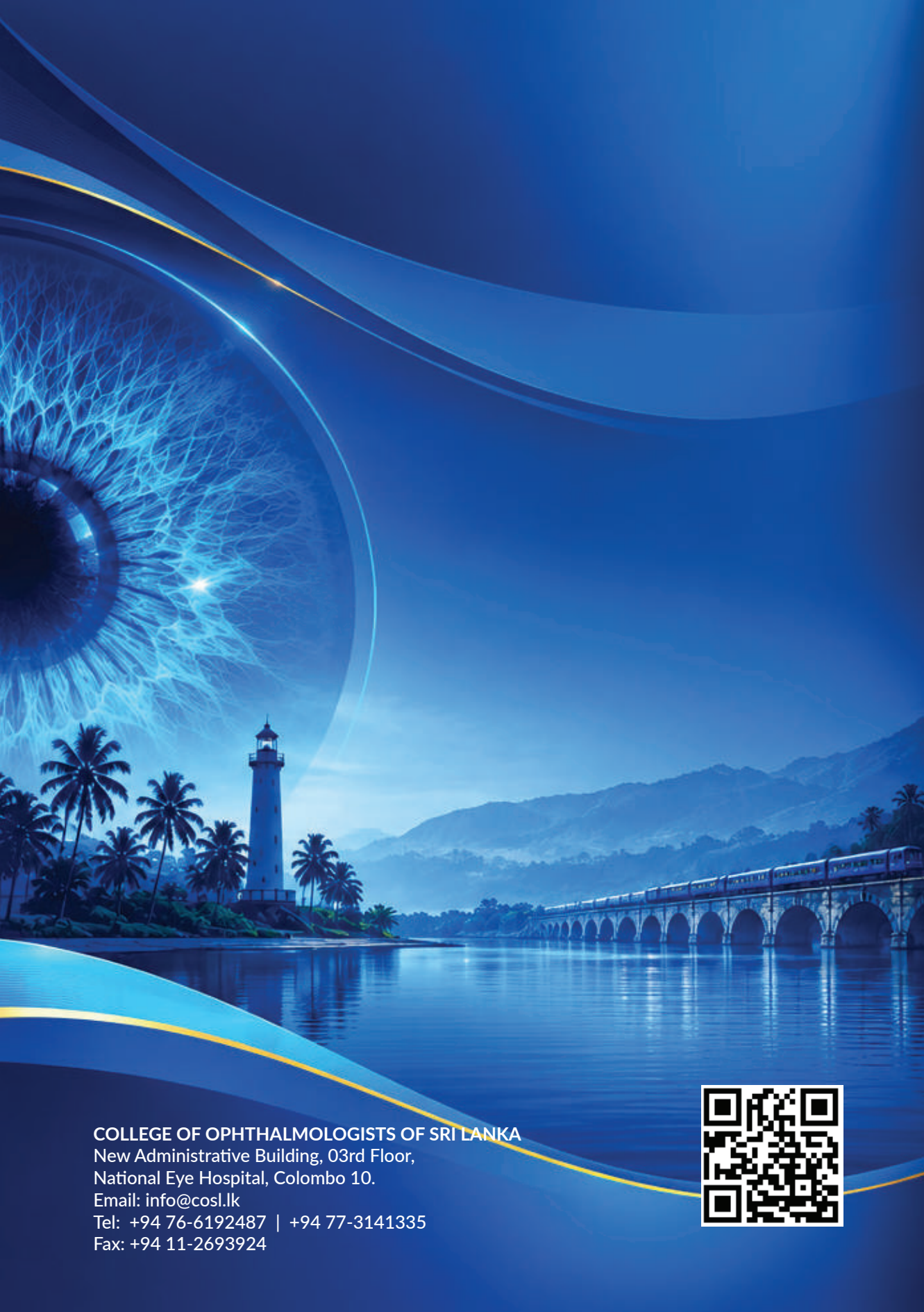
The President and the Council of the College of Ophthalmologists of Sri Lanka wish to express their sincere gratitude and appreciation to the following individuals and organizations for their invaluable contribution and support towards the success of the **34th Annual Congress of the College of Ophthalmologists of Sri Lanka – 2026**.

We gratefully acknowledge:

- Guest Faculty and Invited Speakers for sharing their expertise, knowledge, and valuable insights.
- Chairpersons and Moderators for their guidance and contribution to the scientific sessions.
- Judges of the Free Paper, E-Poster, Surgical Video, Photography, and Trade Stall Competitions for their time, expertise, and commitment.
- Delegates and Presenters who contributed to the scientific programme through their research, presentations, and active participation.
- Members of the College of Ophthalmologists of Sri Lanka for their continued support and contribution towards the activities of the College.
- Platinum, Gold, Silver, Bronze, and all other Sponsors for their generous support and partnership in making this congress a success.
- Trade Exhibitors for their valuable participation and support.
- Asia Tours & Events (Pvt.) Ltd. for providing audio-visual services and professional event management.
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- Management and Staff of Hotel Shangri-La, Colombo, for their hospitality and assistance in hosting the 34th Annual Congress.
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The College extends its heartfelt appreciation to everyone who contributed directly or indirectly to the planning, organization, and success of the 34th Annual Congress.

Your continued support and commitment are deeply valued and sincerely appreciated.



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