30 YEAR ANNIVERSARY

MCLOSA

The Medical Contact Lens & Ocular Surface Association

MCLOSA Annual Meeting

1st December 2023

Cavendish Conference Centre

London, UK

2023

Delegate Programme

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Welcome to the 29th MCLOSA Annual Meeting Celebrating 30 years of MCLOSA

Registration desk: Open 08:00 - 17:30
Louise Richards will be available if you have any questions about proceedings.

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The Royal College of Ophthalmologists approves MCLOSA to award **5.5** self-accredited points.

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Your feedback about the meeting is invaluable to MCLOSA and the speakers presenting. Please complete your evaluation survey online by the 10 December 2023. The survey link emailed to all delegates is also available via the meeting website: https://www.mclosa.org.uk/evaluation.

Abstract Posters

Posters in the Whittington Suite		
P-1	No time to monkey around: A case of cicatricial conjunctivitis and limbal epithelial stem cell deficiency in a patient infected with the monkey pox virus	**Priya Udani** Epsom, UK
P-2	A prospective, single centre case series assessing efficacy of the in-clinic application of amniotic membrane (Omnigen®) in reducing signs and symptoms of dry eye disease in patients with Sjögren's syndrome: Interim (1 month) results	**Saadia Razzaq Chaudhry** Sheffield, UK
P-3	A survey of intraocular lens preferences of UK refractive surgeons for cataract surgery and refractive lens exchange	**Jamil Kabbani** Gilford, UK
P-4	Correlation between subjective and objective symptoms in individuals with mild dry eye disease and control group	**Marianne Lindenberg** Zoetermeer, The Netherlands
P-5	Corneal neurotization for neurotrophic keratopathy: A case presentation of supraorbital nerve transplantation	**Wessam Mina** Romford, UK
P-6	Case series: Surgical management of fungal keratitis	**Rania Rawashdeh** Southampton, UK
P-7	Re-audit of cyclosporine eye drops prescribing at Epsom and St Helier Hospitals NHS Trust	**Munazzah Chou** London, UK

MCLOSA PROGRAMME–1 December 2023

09:00 – 09:05	Welcome from the President	**Andrena McElvanney** London, UK
09:05 – 09:15	30 years of contact lenses and the ocular surface	**Andrena McElvanney** London, UK
09:15 – 09:45	**BRON AWARD** presentations	Chairs: **Fiona Carley**, Manchester, UK and **Scott Robbie**, London, UK
09:15 – 09:17	Introduction	
09:17 - 09:24	Steroid response in Descemet's membrane endothelial keratoplasty (DMEK): A 7-year longitudinal study of 993 non-glaucomatous eyes	**Yan Ning Neo** London, UK
09:24 - 09:31	Delayed presentation of bilateral interface deposits 6 years after Descemet's stripping endothelial keratoplasty	**Waseem Sarfraz** Huddersfield, UK
09:31 - 09:38	Bilateral aggressive Mooren's ulcer in pregnancy - A unique case	**Harathy Selvan** Coventry, UK
09:38 - 09:45	Fungal keratitis from nail infections: A case series	**Radhika Patel** London, UK
09:45 – 10:25	**Contact Lenses for the Irregular Cornea Symposium**	
	Chairs: **Ourania Frangouli**, London, UK and **Sophie M Jones**, London, UK	
09:45 – 09:55	The transformation of speciality contact lens fitting	**Brian Tompkins** Northampton, UK
09:55 – 10:05	Can't stand the pressure?	**Rory McClenaghan** Southampton, UK
10:05 – 10:15	Scleral lenses, it's like night and day...	**Ken Pullum** London, UK
10:15 – 10:25	Q&A's	*All session speakers*
10:25 – 10:55	**Sponsor's Snapshots**	
	Chairs: **Chris Hemmerdinger**, Macclesfield, UK and **Yan Ning Neo**, London, UK	
	Gold Supporter – Scope Ophthalmics	
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10:55 – 11:25	Coffee, Posters & Exhibition	
11:25 – 13:00	**Atopy and the Eye Symposium**	
	Chairs: **Parwez Hossain**, Southampton, UK and **Scott Robbie**, London, UK	
11:25 – 11:45	Immunology of atopic eye disease	**Virginia Calder** London, UK
11:45 – 12:05	Atopic eye disease and the child	**Omur Ucakhan** Ankara, Turkey
12:05 – 12:25	Atopy and the eye – a dermatologist's perspective	**Andrew Pink** London, UK
12:25 – 12:45	Management of ocular complications of atopy	**Scott Robbie** London, UK
12:45 – 13:00	Q&A's	*All session speakers*
13:00 – 14:15	Lunch, Posters & Exhibition (13:00-13:20 – MCLOSA AGM – *members-only*)	

14:15 – 15:00	**KERSLEY LECTURE: Keratoconus**	*Introduced by Andrena McElvanney* **Carina Koppen** Antwerp, Belgium
15:00 – 15:30	Microbial keratitis – a current perspective on diagnosis and management	**Stephen Kaye** Liverpool, UK
15:30 – 16:00	Coffee, Posters & Exhibition	
16:00 – 16:45	**Dry Eye Symposium**	
	Chairs: **Parwez Hossain**, Southampton, UK and **Artemis Matsou**, East Grinstead, UK	
16:00 – 16:15	The dry eye patient journey	**David Lockington** Glasgow, UK
16:15 – 16:30	Dry eye in the aqueous deficient patient	**Parwez Hossain** Southampton, UK
16:30 – 16:45	Dry eye and the menopause	**Nikolina Budimlija** Dublin, Ireland
16:45 – 16:50	Presentation of the **Bron Award** and Poster Prizes	**MCLOSA Council**
16:50 – 17:00	Closing remarks	**Andrena McElvanney** London, UK

17:00 – 18:30	Drinks Reception - Whittington Suite

Keratoconus

Professor **Carina Koppen**
Antwerp, Belgium

Professor of Ophthalmology, Faculty of Medicine and Health Sciences, University of Antwerp.
Research interest: keratoconus, contact lenses, crosslinking, corneal regeneration, visual optics of the eye.
Head of the research groups: Antwerp Research Group for Ocular Science (ARGOS) and Visual Optics Lab Antwerp (Volantis), department of Translational Neurosciences.
Head of department of Ophthalmology, Antwerp University Hospital, Belgium. Clinical subspecialty: cornea and ocular surface disease, medical and surgical.
Medical director of the Cornea Bank and of the Amniotic Membrane Bank.
President of the European Contact Lens Society of Ophthalmologists (ECLSO), board member of EuCornea, president-elect of the Academia Ophthalmologica Belgica (AOB), treasurer of Collegium Ophthalmologicum Belgicum (COB).
Associate editor of Eye & Contact Lens and of Contact Lens and Anterior Eye.

1 Steroid response in Descemet's membrane endothelial keratoplasty (DMEK): A 7-year longitudinal study of 993 non-glaucomatous eyes

Yan Ning Neo
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Aim: To identify the incidence and risk factors for steroid response (SR) in low-risk patients who underwent routine DMEK or phaco-DMEK surgery.

Methods: Retrospective review of 1032 eyes which underwent DMEK surgery or combined phacoemulsification/DMEK surgery (phaco-DMEK) between 01/2014 and 12/2020 was performed and 993 eyes were included. Eyes with pre-existing ocular hypertension, glaucoma or postoperative pupillary block were excluded. Incidence and time to SR onset were determined. Association between onset of SR and agents for graft tamponade (air vs SF6), topical steroids agents and need for re-bubbling were analysed. Treatment outcomes of SR were reported.

Results: Overall incidence of SR was 10.8% (107/993) across 7-years, of which 6.8% (67/993) for DMEK alone and 4.0% (40/993) for phaco-DMEK but the difference was not significant ($p>0.05$). The majority developed within 4-6 months (30.8%), and median time to onset was 4.5 months postoperatively. 95% were still on topical dexamethasone at onset. Re-bubbling increased the risk (OR 1.85, 95% CI 0.07-1.65). There was no statistical difference between air vs SF6 tamponade and risk of SR ($p>0.05$). The majority (85.0%) responded well to topical intraocular pressure treatment and change of topical steroid formulation without developing glaucoma.

Conclusion: Incidence of SR is higher than expected even for low-risk DMEK patients with no pre-existing history of ocular hypertension but the majority of these cases responded well to topical treatment. Lower potency steroid formulation should be considered at around 6-months post-operatively in low-risk DMEK grafts. Patients who require DMEK re-bubbling should be monitored more closely for SR.

2 Delayed presentation of bilateral interface deposits 6 years after Descemet's stripping endothelial keratoplasty

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Case: Corneal interface opacities are an uncommon complication of DSEK that can significantly affect visual outcome. Interface opacities and haze have been described and speculated to be caused by infection, microkeratome or blade precipitates, persistent interface fluid and calcareous deposition.
We present a case of an 80-year-old woman with Fuchs' endothelial dystrophy who underwent uncomplicated staged cataract then DSEK surgery. Her routine postoperative steroid drops were weaned to a stop 2 years after surgery and she achieved BCVA of 6/9 OD and 6/6 OS. She was later started on G. fluorometholone OD BE, 4.5 years after surgery. She had regular 6-monthly follow-ups and at 6 years post DSEK surgery she was noted to have asymmetrical, bilateral, distinct, white interface deposits. Her phosphate-buffered G. fluorometholone was stopped and serum calcium and phosphate levels were normal. Anterior-segment OCT showed focal, hyperreflective deposits at the graft-host interface. Her graft endothelial cell function declined and repeat DSEK surgery was performed 12 years after initial surgery, with subsequent corneal button sent for histopathological analysis. This showed multiple, white, granular opacities which stained patchy with Vonn Kossa and very strongly with Alizarin Red, indicating deposits rich in calcium and some phosphate.

Conclusion: The use of phosphate-buffered drops, such as G. fluorometholone, are documented as known causes of corneal calcification. However, to our knowledge, this is the longest time to presentation of interface deposits post-DSEK described in the literature. Although rare, this complication should be considered in the differential diagnosis of interface opacities especially where phosphate-buffered drops are used.

3 Bilateral aggressive Mooren's ulcer in pregnancy - A unique case

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Purpose: To report an unusual case of bilateral aggressive Mooren's ulcer that occurred in the setting of bilateral pterygium and showed a relentless course during pregnancy.

Case report: A 39-year-old female of black-African ethnicity, 36-weeks pregnant, presented to the eye casualty with both eyes nasal corneal ulcer and melting of pre-existing pterygium. A detailed work-up including eye swab for microbial culture sensitivity, polymerase chain reaction (PCR) for Herpes simplex virus, varicella zoster virus, cytomegalovirus, inflammatory blood profile, autoimmune markers and HLA screening was undertaken, and medical treatment initiated.

Results: Infections, systemic autoimmune and rheumatologic conditions were ruled out. The peripheral blood was positive for HLA DQ2. A diagnosis of bilateral Mooren's ulcer was made. As the condition appeared refractory to medical management (intravenous pulse methylprednisolone followed by oral prednisolone, topical steroids and topical cyclosporine), urgent bilateral conjunctival resection with multi-layered amniotic membrane transplantation was performed. Further progression of the condition warranted the need for systemic immunosuppressive agents which are contra-indicated during pregnancy. In liaison with Obstetricians and Rheumatologists, the patient was planned for earlier elective caesarean section and commencement of oral mycophenolate mofetil post-partum, which aided in successful control of the disease. Further follow-up >2 years showed no recurrences despite tapering medications.

Conclusion: Mooren's ulcer could follow a relentless course during pregnancy, especially in the setting of pre-existing pterygium. The complex immunological changes in pregnancy and the delivery of inflammatory mediators directly onto the cornea by pterygium could contribute to the severity. A well-planned, step-wise and multi-disciplinary approach is pivotal for the management of this condition.

4 Fungal keratitis from nail infections: A case series

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Background: Fungal keratitis is known to be associated with compromised ocular surface, topical steroid use and previous keratoplasty. We propose that fungal infection of the nails can also be a risk factor. We describe three patients with recurrent fungal keratitis who were all found to have concurrent fungal nail infections.

Case Series:

- A 39-year-old atope on topical and systemic steroids developed candida keratitis. Amphoteracin drops and oral econazole for 6 months successfully treated the ulcer and his fungal nail infection improved. 3 years later he underwent deep anterior lamella keratoplasty for corneal scarring, and two years after that, he had a recurrence of candida keratitis in the graft, which was again treated successfully.
- A 28 atope with keratoconus had bilateral 360° deep vascularisation from recurrent untreated hydrops. He had two episodes of candida keratitis 10 years apart, the second of which resulted in delayed perforation requiring a 6 mm tectonic graft with systemic immunosuppression.
- A 61-year-old with lagophthalmos from previous blepharoplasties presented with corynebacterium keratitis. Following no improvement at 2 months, a further scrape showed Altanaria. In view of fungal nail disease she was treated with voriconazole. The ulcer healed, leaving a large dense corneal scar, for which penetrating keratoplasty improved the vision.

Conclusion: In cases of microbial keratitis, particularly if recurrent, examination of the nails for evidence of fungal infection may narrow the differential diagnosis or suggest the use of systemic therapy to treat a potential underlying source of infection.

P1 No time to monkey around: A case of cicatricial conjunctivitis and limbal epithelial stem cell deficiency in a patient infected with the monkey pox virus

Priya Udani
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Case report: Monkeypox is a viral double stranded DNA virus resulting in a zoonotic infection. It belongs to the orthopoxvirus genus of the poxviridae family and is endemic in Sub-Saharan Africa, with nearly all cases occurring in Africa prior to 2022. At the time of this case study there was little known about the cicatricial element of this virus and majority of case reports were of a viral conjunctivitis. A 26-year-old male presented to an eye casualty with a progressive preseptal cellulitis, 2 days post initial consultation and after 2 days of broad-spectrum antibiotics the patient reattends with worsening symptoms, proptosis and chemosis and clear signs of an orbital cellulitis. He is admitted under the HIV team, as known to them but poorly compliant with treatment. During his inpatient stay, he was noted to be positive for the monkey pox virus. With poor response to the antivirals his orbital cellulitis developed and he then went onto develop cicatricial disease. There were shortening of fornices and symblepharon, 250 degrees of conjunctivalization of the cornea with corneal ulceration .
He was treated systemically with IV ceftriaxone, tecoviromat, Symtuza and dapsone prophylaxis and topically with Virgan eye ointment, dropodex and moxifloxacin. The patient recovered with a slight reduction of vision but resolved cicatricial disease.

Conclusion: There have been very few case reports of cicatrising conjunctivitis with corneal ulceration and limbal stem cell deficiency, however with immunosuppressant therapy and antibiotic cover this could improve the cicatricial element of this zoonotic infection.

P2 A prospective, single centre case series assessing efficacy of the in-clinic application of amniotic membrane (Omnigen®) in reducing signs and symptoms of dry eye disease in patients with Sjögren's syndrome: Interim (1 month) results

Saadia Razzaq Chaudhry[1,2]
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Aim: This study measured the safety and efficacy of in-clinic application of sutureless amniotic membrane (SAM) via the Omnigen/Omnilenz delivery system in the treatment of patients with Sjögren's syndrome-associated severe aqueous tear deficiency dry eyes. We present our interim results at one month.

Methods: We recruited 11 patients, out of which 18 eyes of 10 patients were treated with Omnigen/OmniLenz SAM on two separate applications over a two-week period at Bradford Royal Infirmary research clinic. Primary outcome measure was change in the OSDI score at twelve weeks. Secondary outcome measures were Visual Acuity, EQ5D QoL score, corneal and conjunctival fluorescein staining (Oxford grading system) and Schirmer's testing. Information about patient tolerability, application, retention and complications of the SAM were also collected.

Results: Data for 7 out of the 10 patients (11 eyes) was analysed in whom the Omnigen/OminLenZ SAM was retained for at least three days on two occasions. One month after enrolment 4 patients had a reduction in OSDI score (median reduction from 56.8 to 34.1) and 10 out of the 11 eyes treated in this group had either no change or a reduction in the corneal fluorescein staining. There were no serious adverse events in this cohort of patients.

Conclusion: Interim results demonstrate safety and encouraging efficacy in patients with Sjögren's syndrome-associated dry eyes who had retention of at least three days. Patient demographics, acceptability of the treatment and subjective and objective results at one month following enrolment are discussed.

Financial declarations: None. Materials supplied free of charge by NuVision Biotherapies Limited.

P3 A survey of intraocular lens preferences of UK refractive surgeons for cataract surgery and refractive lens exchange

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Aim: To explore intraocular lens (IOL) preferences of United Kingdom-based (UK) refractive surgeons in cataract and refractive lens exchange (RLE) surgery.

Methods: An online survey on IOL preferences (and reasons for their choice) in cataract and RLE surgery was distributed. It also enquired about implementing mini-monovision with extended depth of field (EDoF) IOLs, about utilising IOL mix-and-match (different IOL types in each eye), and at what level of corneal astigmatism they prefer toric lenses.

Results: Following an 81.6% response rate, 30 responses were analysed. Mean (±SD) years of refractive surgery experience was 12.8±7.6. The most popular IOL choices for cataract surgery were EDoF lenses (30%), monofocals (20%), and trifocals (20%). The most cited reason for each was better overall visual outcomes (88.9%), fewer unwanted symptoms (66.7%) and best spectacle independence (66.7%), respectively. For RLE, EDoF remained most popular (36.7%), followed by trifocals (30%), and multifocals (16.7%) with the same reasons for choice cited above. 43.3% recommend mini-monovision with EDoF lenses for select patients, whilst 40% recommend it for most. 60% did not recommend utilising IOL mix-and-match, whilst 26.7% recommend it for select patients. 40% prefer toric IOLs for astigmatism of 1 dioptre (D) or higher, whilst 30% opt for them at <1D.

Conclusions: Experienced UK refractive surgeons prefer newer IOLs with enhanced optics; ≥50% of respondents favoured either EDoF or trifocals for a 'typical' cataract or RLE patient. Notably, 30% opt for toric lenses even at <1D of astigmatism. Mini-monovision with EDoF IOLs was well-regarded, whilst mix-and-match of different IOL types was less recommended.

P4 Correlation between subjective and objective symptoms in individuals with mild dry eye disease and control group

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Purpose: To explore the correlation between ocular surface characteristics and subjective symptoms of dry eye disease (DED) in a population with mild subjective DED symptoms and a control group.

Methods: Subjective DED symptoms were assessed with the Ocular Surface Disease Index (OSDI). With the use of the IDRA® ocular surface characteristics: lipid layer thickness, non-invasive break-up time (NIBUT), tear meniscus height, eye blink quality and meibography, were evaluated. Tear film osmolarity was determined using the I-PEN®. Fluorescein break-up time (FBUT), and corneal and conjunctival staining were assessed by slit lamp. Tear production was quantified through the Schirmer test with anaesthesia. Independent T-test was employed to compare test outcomes between the two groups and Pearson's correlation coefficient to analyse the relationship between OSDI scores and diagnostic test results per eye.

Results: 24 participants (48 eyes) were included, categorised into a DED group (OSDI-score >13/100) comprising 14 subjects (28 eyes, mean age 28.0 years; 57% female) and a control group (OSDI-score <13/100) consisting of 10 subjects (20 eyes, mean age 28.1 years; 70% female). Statistic significant differences were found between the two groups in OSDI scores, blink frequency per eye, osmolarity, conjunctival hyperaemia, and conjunctival staining. Weak negative correlations were observed between OSDI scores and meibomian glands, osmolarity, FBUT, and Schirmer's test, while blink frequency per eye showed a moderate negative correlation. Other tests demonstrated weak positive correlations.

Discussion: This study suggests weak correlation between subjective and objective DED symptoms in some tests. However, further research involving a larger population with higher OSDI scores and more pronounced objective symptoms is needed to assess this correlation in patients with moderate or severe DED.

P5 Corneal neurotization for neurotrophic keratopathy: A case presentation of supraorbital nerve transplantation

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Introduction: Neurotrophic keratopathy is a degenerative disease in which damage to the corneal nerves leads to corneal hypoesthesia. Injuries to neurotrophic corneas are notoriously difficult to treat and have traditionally been approached with supportive management. However, recent progress in the field of corneal neurotization has given new direction for addressing nerve loss directly by stimulating new nerve growth onto the cornea from nearby sensory nerves transferred to the perilimbal region.

Case: We present a case of direct transfer of supraorbital nerve grafts at the affected cornea. Considerations in surgical approach, as well as factors that influenced prognosis and outcomes of the surgical intervention are discussed in this abstract.

Direct transfer: During this open technique the isolation of the supraorbital nerve has been performed by dissection to the superior orbital rim where branches of the supraorbital nerves were isolated, transected distally, tunnelled across the forehead, and externalized through an eyelid crease incision superior to the affected cornea. The branches were then tunnelled through the superior fornix onto the ocular surface. Incisions in the bulbar conjunctiva allowed nerve branches to be placed around the limbus between the Tenon's and sclera. The branches were then sutured into place with 8-0 Vicryl before the conjunctiva was closed over them. This procedure was performed in an adult with right residual loss of facial sensation following gross total resection surgery for right side Trigeminal Schwannoma excision.

P6 Case series: Surgical management of fungal keratitis

Rania Rawashdeh
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Introduction: Management of fungal keratitis consists of medical treatment, topical and systemic antifungal, alone or in combination with surgical treatment. Fungal keratitis is difficult to treat, the diagnosis is usually delayed, and the medications available for ocular therapy are limited and deficient to penetrate deep in the corneal stroma.

Methods: This retrospective case-series study, describes the surgical management of patients who presented with fungal keratitis conducted at eye unit, Southampton General Hospital, over a period of 12 months, between October 2022 and November 2023.

Results: Three patients were enrolled:

- The first case presented with impending corneal perforation, confirmed using anterior segment OCT, underwent full thickness keratoplasty, maintained same vision, hand motion, after the procedure, histopathology study revealed mixed infection (gram positive cocci, bacilli and fungal organisms), started natamycin 5% eye drop six times a day, with gradual tapering, 9 months later, developed graft failure, re-grafted.
- The second patient presented to the emergency department with corneal perforation, urgent corneal gluing performed followed by therapeutic penetrating keratoplasty a week later, vision has improved from hand motion to counting figure, histology study demonstrated focal fungal hyphae, commenced on Voriconazol oral tablets.
- The last case, presented with bilateral fungal keratitis without stromal thinning or perforation, underwent superficial keratectomy for both eyes, oral voriconazole 200 mg twice a day was prescribed, as well as topical natamycine 5%, amphotericin-b 0.15% every two hours, right eye failed to respond to medical treatment, underwent deep anterior lamellar keratoplasty, vision improved to 6/60, before dropping back to counting figure due to developing cataract, histopathology study showed clear corneal edges, oral voriconazole stopped after the surgery, topical treatment was maintained with gradual tapering.

Summary: None of the enrolled patients underwent evisceration, visual acuity either maintained or improved, topical and systemic antifungal treatment adjusted depending on histopathology study results. In conclusion, early diagnosis of fungal keratitis, and providing medical and surgical management in due course can save vision and eyes.

P7 Re-audit of cyclosporine eye drops prescribing at Epsom and St Helier Hospitals NHS Trust

Munazzah Chou
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Purpose: Topical cyclosporine represents a significant proportion of the drug budget. A re-audit of Ikervis and Restasis prescribing at St Helier Hospital was carried out. The aim was to identify the indications and appropriateness of topical cyclosporine use and patients for which an alternative treatment would be more appropriate. We assess any cost-savings that have been made.

Methods: All patients prescribed Ikervis or Restasis over a 12-month period (March 2022-February 2023) were analysed using electronic medical records.

Results: A total of 39 patients were prescribed topical cyclosporine over 12 months. Although the indication for starting cyclosporine was documented in the vast majority of the patients, in some cases documentation of severity of symptoms and signs was lacking, making it difficult to assess clinical improvement.
Progress has been made in reducing the number of patients prescribed Restasis leading to a cost saving of at least £5,350.80/month. The number of patients prescribed Ikervis has increased by 64% over 7 years with an associated increased pharmacy cost of £1,800/month. Six patients prescribed Ikervis were identified as suitable for a trial of stopping with a potential total saving of £432/month.

Conclusions: Switching patients prescribed Restasis to an alternative has led to significant cost savings at St Helier Hospital. Improved documentation is required to allow better assessment of treatment outcome and need for ongoing treatment with cyclosporine.

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We look forward to seeing you at the 2024 MCLOSA meeting!

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