COS TIMES
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EXPERT OPINION

When you think of Retinopathy of prematurity, I am sure most of the ophthalmologists in our region and majority in the country would associate the name of Dr Mangat Dogra to it. One of the most amiable and compassionate doctors, an encouraging and inspiring teacher, a marvellous clinician with his smile as his USP; Dr Dogra was asked his views on success and how he defined it.

Dr. Dogra has been in constant demand nationally and internationally as an orator for his work on ROP. He has published extensively in his chosen field of pediatric and adult retina and has been the recipient of numerous honors and awards. After serving at the Advanced eye centre PGI, Dr Dogra has now moved on to serve Grewal Eye Institute, Chandigarh.

1. What is your opinion about working beyond retirement? How do you feel sir, after retirement and still rocking?

Ans: I strongly feel that we must work after retirement. You can help a lot of patients and other professional colleagues with your expertise acquired throughout your life and give opinions regarding difficult situations faced by them. It still makes me feel good and in demand as a lot of referrals are sent to me from all over Northern India. Staying connected to people after retirement is most important. Above all, I feel working helps in maintaining good physical and mental health.

2. Do you think it was a difficult transition from government to private practice?

Ans: Not at all. You should work with a clear purpose in mind. Money should be the last consideration. What is of utmost importance is your patients and the facility where you start working. You must be fully supported by your organization where you work regarding equipment, manpower, and working environment. Working hours need to be flexible with provision for holiday breaks whenever you wish to avail and travel for pleasure or otherwise in India or abroad.

3. Residents often inquire about the role and importance of clinical examination in this era of technology and machinery. How would you want them to learn?

Ans: Good clinical examination will never be replaced by technology. All prominent doctors and ophthalmologists are and were great clinicians. Newer Technology and machines are also essential and important in the present era to help us in diagnosis, management, and monitoring of our patients. Finally, it is clinical acumen that is most important to be a successful doctor at any stage of life.

4. You are known for your incredible communication skills, and your patients adored you and I'm sure they still do. What is one message that you would like to give to all junior ophthalmologists to make their doctor-patient relationship better?

Ans: Communication skills are not only essential but most important for all doctors and health care professionals. As a doctor, one must have a lot of empathy and be considerate all the time. Never trivialize any procedure being performed for a patient. This is often happening with modern-day cataract surgery and intravitreal injections. A patient must know that nothing is 100% or guaranteed in the medical field. Don't shield facts or any information from the patients even if it a major complication. Reassure the patient that you will do whatever best is possible and the standard of care will be followed. Encourage for a second opinion in difficult situations.

> **"Good clinical examination will never be replaced by technology. Never trivialize any procedure being performed for a patient."**

5. Your life story is inspirational to all. How do you define your success and the mantra behind it?

Ans: Goals are important in life but should be realistic and achievable. Priorities are to be set as per the local needs and prevalent conditions. Learn from everyone including leaders in the field and especially your students. Honesty in work and learning lessons from your failure must be strictly followed. Don't be afraid to admit that you are less than perfect even in area of your core competence and expertise. My entire journey with "Retinopathy of Prematurity" is based on these principles. I could always balance my family life, patient care, teaching, research and administration. For this you need to lead by example and become a strong role model. Most important is taking along the entire team and all categories of people. In the end, I would say just follow your area of passion and be prepared to work hard and sacrifice. Above all, don't let anyone limit your dreams.

Compiled By
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Remembering Dr. R Kumar

(1946-2021)

We are saddened and at the same time privileged that this issue of C.O.S. Times features the last article written by Dr. R Kumar, through which he wished to raise awareness about COVID amongst ophthalmologists. The entire fraternity of Chandigarh Ophthalmological Society profoundly mourns the untimely demise of Dr. R Kumar on May 30, 2021, while recovering from the same disease, COVID-19. Dr. Kumar was born on January 26, 1946. Dr. R Kumar completed his M.B.B.S. from Government Medical College Patiala in 1968 and M.S. Ophthalmology from P.G.I. Chandigarh in 1971, following which he started his private practice in 1973. He was happily married to Dr. Mrs. Meenal Kumar, M.B.B.S., D.G.O., MD, and ex-gynecologist from Govt. Hospital, Chandigarh. He worked tirelessly through S.P.E.A.K (Society for Promotion of Ethical and Affordable health care) to improve health services in the region. Dr. Kumar vision has always been to promote healthcare and health tourism in India. His passion for writing was well known through the many columns he contributed to various newspapers and other print media. He was an author of over 100 books on numerous topics like public health Management, women health and child survival, youth health and development, AIDS, a twelve-volume work on hospital management, Contemporary trends in Global Healthcare, and focus on Primary care. He was also involved in various charity missions, including free eye surgeries and health awareness camps, worked as an activist against female feticide, actively participation in movements against violence with women, healthcare of the poor, and workers in unorganized sectors. He was the soul of the Chandigarh Ophthalmological Society and constant guiding light for all of us. He will be sorely missed and remembered.

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OPHTHA NEWS

Ophthalmologist & Corona Virus

Dr. R. Kumar

It is commonly believed that Corona-virus is only superficially related to the eye causing pink eye or mild symptoms like ocular irritation, photophobia, foreign body sensation, mild eyelid edema, tearing, and chemosis. But the relationship runs much deeper- Li Wenliang the doctor who voiced concerns regarding the spread of Corona-virus in Chinese patients, was an ophthalmologist. He later died from COVID-19 and was believed to have contracted the virus from an asymptomatic glaucoma patient. A report in BMJ Open Ophthalmology noted that symptoms are present in between 4% to 31% of those with COVID-19 but may be underreported as they are usually not severe. American Academy of Ophthalmology had urged all ophthalmologists to provide only emergent care to reduce the risk of SARS-CoV-2 transmission. In the absence of significant eye pain or decreased vision, many patients can be managed remotely with a trial of frequent preservative-free artificial tears or cold compresses. A short course of topical antibiotics can be added to prevent or treat bacterial super-infection based on the patient's symptoms and risk factors (e.g. contact lens wear).

Clinical studies

Corona viruses can cause severe ocular disease in animals, including anterior uveitis, retinitis, vasculitis, and optic neuritis in feline and murine species. In humans besides conjunctival symptoms the patients had higher white blood cell and neutrophil counts, C-reactive protein, and higher levels of procalcitonin and lactate dehydrogenase compared to patients without ocular abnormalities. Regarding vision loss, the reports have not been received as yet. One of the complications of severe COVID-19 is oxygen deprivation and blood clotting. Oxygen deprivation, at times can cause damage to the tissues, including ocular nerve and cells. Thus, if any permanent damage to the eyes is possible, it can be a result of oxygen loss, and not the virus itself. A study in JAMA Ophthalmology observed that 1/3rd of hospitalized COVID-19 patients suffered from one or more symptoms of vision problems. Experts from the French Society of Neuro-radiology, used MRI scans to detect the ocular abnormalities in people suffering with serious COVID-19 infections. The MRI findings showed "nodules" at the back of their eyes, which could be an inflammation or direct damage to the eyes. As a corroborative evidence the inflammation in the brain due to Corona may lead to cognitive decline, stroke, dementia and depression. It is possible that micro-clots formed in the blood as a result of COVID inflammation may cause infarct in the brain as well as retina?

Post –Covid complications

According to a study published in The Lancet, more than 75% of the people who were hospitalized for COVID still had at least one symptom 6 months after recovering, called long haulers. Why? Persistent viremia due to weak antibody response, relapse or re-infection, inflammatory and other immune reactions, de-conditioning, and post-traumatic stress may contribute. The sign and symptoms may include: fatigue, brain fog, sleeplessness, palpitations, shortness of breath, chest pain, dizziness, pins and needles in hands or feet, nausea, diarrhea, abdominal pain, loss of appetite, fever, dry cough, headaches, sore throat, loss of sense of smell, taste or vision, skin rashes, joint pain, depression and anxiety. When brain infarcts occur due to delayed clotting what prevents the clots from settling into retinal vessels?

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Late Dr R Kumar
Senior COS Member

COS TIMES
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UPDATES IN OPHTHALMOLOGY

Rho kinase inhibitors; Newer IOP lowering agent with unique mechanism

Glaucoma is the leading cause of irreversible blindness globally, and the term subsumes a group of optic neuropathies with characteristic morphological changes in the retinal nerve fiber layer and optic nerve head which are associated with visual field loss.[1] The main goal of treatment is to reduce intraocular pressure (IOP), as it is the most common modifiable factor associated with disease progression in eyes with glaucoma.[1] Various treatment modalities for decreasing IOP include topical and systemic hypotensive agents as well as various laser and incisional surgical procedures. The use of topical medicines for the treatment of glaucoma started in 1875 with the discovery of pilocarpine.[2] Currently, prostaglandin analogs (travoprost, latanoprost, tafluprost, and bimatoprost), beta-adrenergic antagonist (timolol), alpha-2 agonist (brimonidine), and topical carbonic anhydrase inhibitors (dorzolamide and brinzolamide) are commonly used IOP lowering agents for long-term glaucoma therapy. All these drugs are either "inflow" drugs (beta-blockers, alpha 2 agonists, carbonic anhydrase inhibitors; reduces the aqueous production) or "outflow" drugs (eg prostaglandin analogs; enhances the outflow largely through uveoscleral pathways), but none of them target the trabecular meshwork (TM), which is the main site of disease pathology.[3]

Rho Kinase (ROCK) inhibitors Ripasudil, K-115 and Netarsudil, AR-13503 have recently been approved for ophthalmic use in glaucoma therapy and are now available in India (Ripatec and Netalo, Ajanta Pharma Ltd). The Rhokinases, ROCK1, and ROCK2 are serine/threonine kinase isoforms. They are effectors that bind to the active GTP-bound Rho G-proteins to become active and facilitate phosphorylation and activation or inhibition of downstream proteins and cellular processes. ROCK1 and ROCK 2 are important in regulating and modulating TM cell shape, size and stiffness by making changes on cytoskeletons.[4,5] Topical Rho-kinase inhibitors function primarily by inhibiting ROCK isoforms in the trabecular meshwork (TM) and function to decrease IOP via modulation of the TM cytoskeleton (reduces the cell stiffness and contractions) and increasing aqueous humor outflow. This is ideal in glaucomas, where resistance to trabecular outflow can lead to increased IOP. The topical ripasudil is available as 0.4% w/v and is instilled twice daily. A phase III clinical trial assessing the long-term IOP-lowering and adverse effect profile at 1 year with ripasudil 0.4%concentration of the drug showed IOP reductions at trough and peak of – 2.6 and – 3.7 mmHg.[5] The netarsudil is available as 0.02% w/v for once daily use. Pooled data from ROCKET 1 to 4 phase-III showed that once-daily netarsudil resulted in IOP lowering that was non-inferior to twice-daily timolol, with tolerable ocular adverse events.[6] ROCK inhibitors can be used as monotherapy or concurrent therapy with other classes of drugs. Various experimental studies have shown its potential role in neuroprotection in various central nervous system disease models. The main side effect of ROCK inhibitors (Ripasudil and Netarsudil) is conjunctival hyperemia that is often present in more than half of the patients in certain formulations and more common with ripasudil.

In conclusion, this new class of medications with unique mechanism of action (targets on TM) gives physicians additional IOP-lowering options, potentially prolonging or preventing altogether the need for glaucoma surgery and preventing visual field progression.

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COS TIMES
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PANDEMIC NEWS

Retinoblastoma: Diagnosis, pandemic and progress.

Retinoblastoma (RB) is the most common primary intraocular cancer of childhood and constitutes 3% of all childhood malignancies. Worldwide, the incidence is recorded to be about 11 cases per million in children less than five years, whereas in India, it is 3-5 per million children per year. Patients present with leukocoria, squint, decreased vision, redness, or sometimes a mass is seen arising from the eye. The tumor occurrence may be unilateral (70%) or bilateral (30%), may be unifocal or multifocal, sporadic (94%) or familial (6%) forms.

In western countries, retinoblastoma is a cancer success story. However, there is a wide variation of survival rates among developing countries. Death due to retinoblastoma has drastically reduced since the introduction of treatment by chemotherapy. With development of chemotherapy in developed countries, the survival rate of the retinoblastoma patients is more than 95 per cent. Survival rates reported in India are between 63%-97%. Dedicated retinoblastoma treatment centres like PGIMER, Chandigarh have shown >90% survival rate. Newer treatment modalities like Intra-arterial chemotherapy (IAC) have enabled a globe salvage rate of about 82% in our patients. However, once orbital or metastatic retinoblastoma develops the survival rates fall to 20-25%.

As ophthalmologists coming in contact with these children, we should not miss or delay detecting these tumours as it can have portentous outcomes for them. Awareness, early detection and appropriate management are key to saving these children. A very high level of motivation and commitment from the child's family is needed because of the long course of treatment and follow up. Lack of it leads to treatment abandonment, resulting in extraocular or metastatic disease which may lead to death. Indian medical centres managing these patients have reported 40%-49% patients abandoning treatment.

1. Early detection & office examination: Children can be examined with a simple office torchlight examination to look for the white reflex. Ocular ultrasonography is an inexpensive, quick office procedure that can be done in all patients presenting with white reflex. It quickly reveals an echogenic mass with calcification arising from the posterior pole in majority of cases and can be compared to the normal eye. Once detected, the eyes must be dilated to examine the fundus with indirect ophthalmoscope to look for RB. Typical RB lesions are yellow-white raised masses with feeding vessels and associated subretinal fluid, seeds or vitreous seeds. Once RB is diagnosed, the child must be immediately referred for treatment to a dedicated multidisciplinary RB treatment centre.

2. Investigation & Disease classification: An examination under anesthesia and MRI orbits are a must to classify the extent of tumor spread according to International classification systems (ICRB grouping & IRSS staging) within and outside the eye. MRI orbits is the preferred choice of imaging in children to avoid radiation. MRI orbits and brain are warranted to rule out any extra ocular, optic nerve or intra cranial extension and to rule out pinealoblastoma in bilateral retinoblastoma disease.

3. Immediate commencement of Protocol based treatment: The goals and priorities of RB treatment start with life salvage followed by globe salvage then vision salvage and to minimize the side effects of treatments. This is best done at a dedicated centre which collaborate with multidisciplinary departments having access to all modalities of treatment, supportive care and long term follow up. The treatment is mainly with chemotherapy administered systemically or into the ophthalmic artery (Intra-arterial chemotherapy) under fluoroscopic guidance. More advanced stages are treated with enucleation or radiation. Smaller tumors may be controlled with laser photocoagulation, transpupillary thermotherapy, cryotherapy, or intravitreal chemotherapy.

4. Counselling of patient's families: Often the stress of prolonged treatment, repeated travel, financial issues, lack of understanding of the disease or seeking alternative medical therapies may lead to treatment delay or abandonment. Patients and families must be counselled intensively to seek timely treatment and complete the prescribed therapy to improve prognosis. Social workers, caretakers and NGO`s can play a major role in alleviating psychological stress and providing supportive care.

5. Covid-19 pandemic and its impact on retinoblastoma families: This pandemic has brought untold suffering to the most vulnerable sections of our nation and to families of these affected children in particular. During this period of lockdowns, travel restrictions, fear, poverty, confusion and limited availability of services at remote areas has affected these families negatively. At PGI, diseased retinoblastoma patients on active treatment were considered an emergency and all services remained functional. Despite this, the clinic has witnessed long duration of symptoms with presentation of advanced disease and defaults in scheduled therapies which carry poorer prognosis. With currently available treatment modalities, genetic testing and continued research, retinoblastoma patient survival is > 90% in a handful of dedicated tertiary care centres of India.

6. Spread awareness: This is probably the most critical way of improving RB care. Retinoblastoma awareness is being spread by several centres across the world with slogans such as `**Know the glow'**, and '**Fight the white**'. The second week of May is observed as RB awareness week. Therefore, spreading awareness to spot the white reflex amongst ophthalmologists, paediatricians, healthcare workers and general public will lead to early diagnosis and timely initiation of treatment. This in turn would improve prognosis and decrease morbidity with better long-term outcomes in these children.

Figure1: Intra-Arterial chemotherapy for Retinoblastoma.
a. Femoral vein puncture and catheterization
b. Procedure being done under fluoroscopic guidance.
c. Drug delivery into ophthalmic artery.
d. Large intra ocular group D tumor.
e. Significant resolution post 3 cycles of IAC

Figure 2: Local therapies in retinoblastoma
a. Transpupillary thermotherapy
b. Right retinoblastoma lesion that was chemoreduced, laser photocoagulation was done around the lesion for local control
c. Regressed lesion post laser, stable over 7 years of follow up

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COS TIMES
VOL 1- Issue 3
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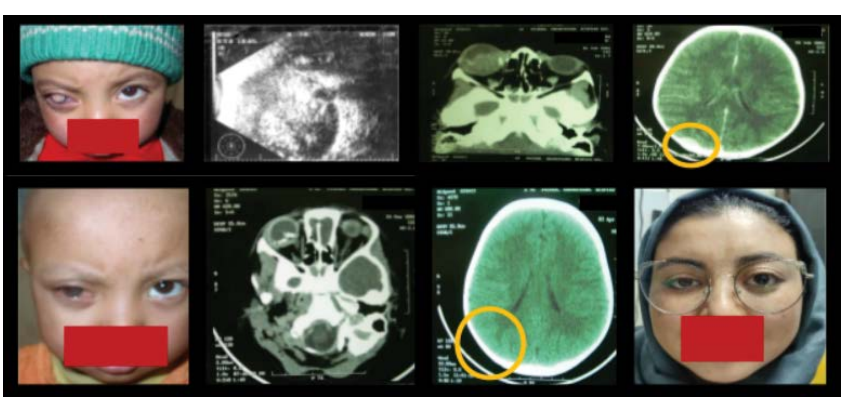
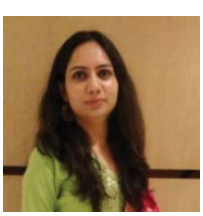
SUCCESS STORY

Retinoblastoma In Ladakh: Treatment Success Story With 17 Years Follow Up

Clinical presentation and workup: A 4 year female child from Leh, Ladakh presented in 2004 with history of right eye leucocoria of 8 months. She was diagnosed as buphthalmos with cataract elsewhere and referred to PGI. Anterior chamber was shallow with ectropion uveae, angry looking neovascularization of Iris, cataractous subluxated lens and raised intraocular pressure. CT scan revealed right eyeball filled with calcified mass suggestive of retinoblastoma and an innocuous scalp lesion (? mets). CSF was negative for malignancy.

Treatment: She was treated with Neo-adjuvant combination chemotherapy with oncovin, cisplatin, etoposide and cyclophosphamide. After 2 cycles of chemotherapy her scalp lesion regressed, buphthalmos settled. This was followed by right eye enucleation and prosthesis placement. She has completed 17 years of follow up and is a happy young adult doing her Bsc Medical with no disease recurrence.





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COS TIMES
VOL 1- Issue 3
Bulletin of Chandigarh Ophthalmological Society www.chdoph.com

RESIDENT SNIPPET

Collateral Damage

A 35-year female presented with a decrease in vision in the right eye for 10 months. It was insidious in onset and gradually progressive. There was no history of head trauma or systemic illness.

On ocular examination, visual acuity in her right eye was light perception with accurate projection of rays. There was a presence of relative afferent pupillary defect (RAPD) in the right eye. The visual axis was parallel without any proptosis. Fundus examination showed pale disc with blurred margins, tortuous congested vessels with altered A:V ratio, sheathing of peripapillary vessels and obliteration of the physiological cup (Figure 1). There was also the presence of an optocilliary shunt vessel running towards 9 o'clock. It ended blindly at the disc margin (Figure 1, green arrow). Visual acuity in the left eye was 20/20 along with normal colour vision and normal anterior and posterior segment. Presence of optocilliary shunt vessel indicated chronic optic nerve involvement. T1W MRI with fat suppression (coronal cut) showed post contrast enhancement in the periphery suggestive of optic nerve sheath lesion sparing optic nerve (Figure 2A). T2W MRI with fat suppression (axial cut) showed hyperintense optic nerve sheath with the isointense optic nerve (tram-track sign) highly suggestive of optic nerve sheath meningioma (Figure 2B). Based on clinical features and MRI findings a diagnosis of right eye compressive optic neuropathy, most likely secondary to optic nerve sheath meningioma was made and the patient was referred to neurosurgeon for further management.

DISCUSSION

Optic nerve sheath meningiomas present with the classic triad of collateral vascularization of the optic disc, optic atrophy and progressive vision loss. optocilliary (misnomer) shunt vessels are collateral vessels on the optic nerve that connect the choroidal and retinal circulations. They are present as tortuous vascular loops that start and end on the disc.[1,2] Salzmann (1893) and Elschnig (1898) postulated that constriction of the central retinal vein by the retrobulbar tumour triggers the development of bypass channels within the eye. The gradual obstruction results in dilation of preformed capillary vessels connecting the central retinal vein and the peripapillary choroid.[3] They are commonly seen with optic nerve sheath meningioma but can also be observed in optic nerve glioma and central retinal vein occlusion. These shunt vessels signify a chronic compressive lesion when associated with disc pallor and give a clue to the diagnosis.

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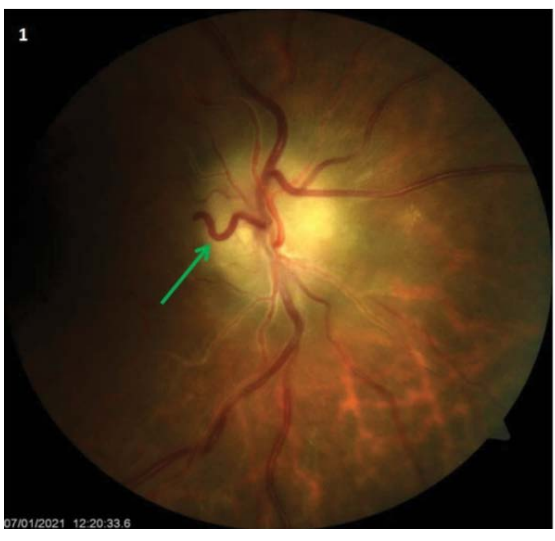

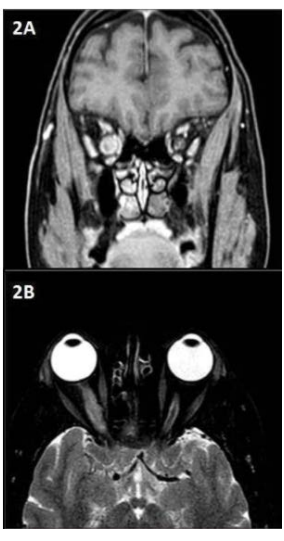

Figure 1 - Disc photo of right eye showing pale disc with blurred margins, tortuous congested vessels with altered A:V ratio. Green arrow shows optocilliary shunt vessel.

Figure 2A - T1W MRI (coronal cut) showing post contrast enhancement in the periphery suggestive of optic nerve sheath lesion sparing optic nerve

Figure 2B - T2W MRI (axial cut) shows hyperintense optic nerve sheath with isointense optic nerve (tram track sign)

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COS TIMES
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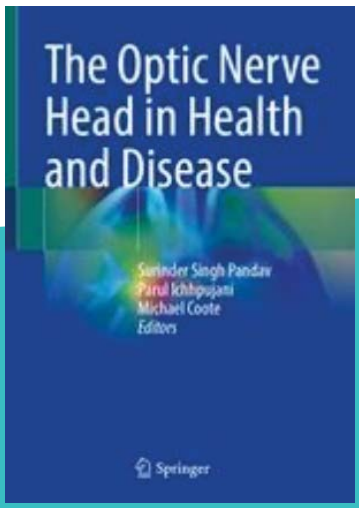
BOOK REVIEW



Basics of Optic Nerve Head in Health and Disease

Authors & Editors: Surinder Singh Pandav, Parul Ichhpujani, Coote, Michael (Eds.)

Publisher: Springer

Watch out for an exciting read on the basics of optic nerve head disease released in May 2020. This book attempts to explain the anatomical basis of common and not-so-common signs seen in the optic nerve head and retinal nerve fibre layer as captured by a digital fundus imaging system and optical coherence tomography. It also includes optic nerve head conditions mimicking glaucoma. This book emphasizes how the clinical examination is not obsolete and overpowers all our diagnostic armamentarium in this era of technology.

The authors include Prof S S Pandav, Head of Department of Ophthalmology, PGIMER, who is well known for his work in glaucoma in India and abroad. Dr.Pandav regularly organizes training workshops for the ophthalmologists of the region and has established a support group to help glaucoma patients. A significant contributor to the book is Dr. Parul Ichhpujani, Professor in the Department of Ophthalmology, Government Medical College and Hospital, Chandigarh, India. She is an avid researcher and writer with several publications and literary works to her credit.

Read more at

https://www.springer.com/gp/book/9789813368378

COS TIMES
VOL 1- Issue 3
Bulletin of Chandigarh Ophthalmological Society www.chdoph.com

NOT JUST AN OPHTHALMOLOGIST

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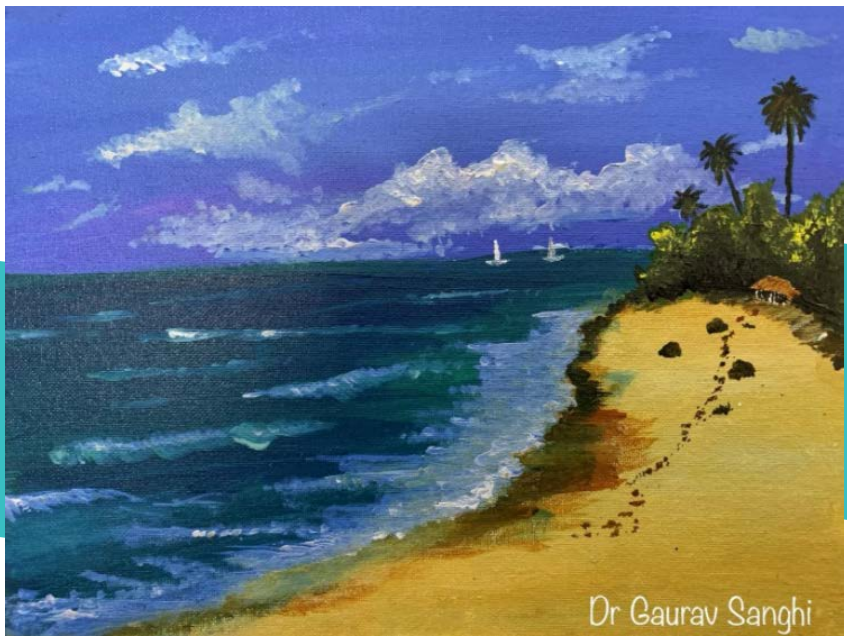

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COS TIMES
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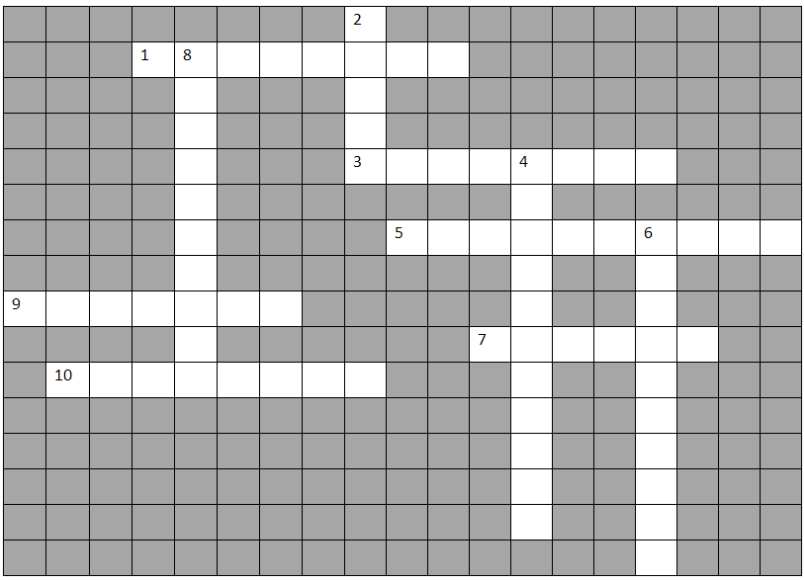
COS WORD!!



CLUES

ACROSS

1: Pharmacological treatment for stopping myopia progression

3: Most common inheritance pattern for persistent hyperplastic vitreous

5: Inventor of the slit lamp

7: Most common rectus muscle which gets lost in orbit.

9: Prism bar test used to measure deviation in eccentric fixation

10: Most effective chemical treatment/preparation for the prevention of endophthalmitis before starting surgery.

DOWN

2: Multicentric trial evaluated the long-term effect of treating patients of open-angle glaucoma with trabeculectomy versus medical therapy.

4: Name of VEGF Trap

6: A newer drug used for the treatment of dry eye, earlier used to treat gastric ulcers

8: Most common cause of infectious retinitis.

Complete the crossword and send the ten answers to secretarycos@gmail.com.

Correct answers and the names of the First three correct entries will be published in the next issue.

COS TIMES
VOL 1- Issue 3
Bulletin of Chandigarh Ophthalmological Society www.chdoph.com

ACHIEVEMENTS BY COS MEMBERS

Dr. Prof. Jagat Ram (Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Best video award in International Ophthalmic Premier League 2020.
- Golden Apple Award for State of Art Pediatric Cataract Surgery 2020.

Prof S S Pandav (Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- President Glaucoma Society of India 2020-22.
- Gold Medal for best publication in IJO and ARC-AIOS Best Thesis Award as Chief Guide 2020.

Prof Vishali Gupta (Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Invited Faculty at AAO and Club Jules Gonin Annual Meeting

Prof. Sushmita Kaushik (Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Best Research Award - UK Pediatric Glaucoma Society 2020
- Best Paper in Glaucoma Award - All India Ophthalmological Society 2020

Prof. Amit Gupta (Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Award of Honour as "Cornea hero" by the Department of Community Medicine and School of Public Health and NPCB VI, Punjab

Dr. Jaspreet Sukhija (Additional Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Best of the Best Video award at the Annual Conference of World Society of Pediatric Ophthalmology and Strabismus, 2020

Dr, Reema Bansal (Additional Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Certificate of Merit (awarded in Feb 2020) for the year 2019, by the Indian Journal of Ophthalmology, for the paper titled 'Optical coherence tomography angiography versus fluorescein angiography in diagnosing choroidal neovascularization in chronic central serous chorioretinopathy' Bansal R, Dogra M, Mulkutkar S, Katoch D, Singh R, Gupta V, Dogra MR, Gupta A.
Earned PhD in March 2020.

Dr. Chintan Malhotra (Additional Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Third prize in Kera Photo Contest at Keracon 2020 (8th National Meeting of Cornea Society of India).

Dr. Savleen Kaur (Assistant Professor, Advanced Eye Centre, PGIMER, Chandigarh)

- Best paper award at the annual conference of Strabismus and Pediatric Ophthalmology Society of India 2020 (SPOSI 2020)
- Appreciation award at AIOS Ophthalmic Photography Competition 2020

Dr. Simar Rajan Singh (Senior Research Associate, Advanced Eye Centre, PGIMER, Chandigarh)

- Hanumantha Reddy Award at All India Ophthalmology Conference (AIOC) 2020, Gurugram, India.

Dr. Anchal Thakur (Senior Research Associate, Advanced Eye Centre, PGIMER, Chandigarh)

- Grand award at the Intraocular Implant and refractive Society of India 2020 in Ophthalmic Photography Competition

Dr. Shagun Korla, (Senior Resident, Advanced Eye Centre, PGIMER, Chandigarh)

- Third prize in interesting case session "Optical Coherence Tomography as a guiding tool for the management of multiple sclerosis" in Annual DOS 2020 International Hybrid Conference, 18th to 20th December 2020. Supervisor: Dr Jaspreet Sukhija

Dr. Ekta Singla, GMCH (Senior Resident in department of Ophthalmology, GMCH-32, Chandigarh)

- First prize in DOS 2020 International Hybrid conference 18th to 20th December 2020 in the allied Ophthalmic Sciences (Interesting cases) category for case titled "Hyaluronidase allergy mimicking as orbital cellulitis". Supervisor: Dr Suresh Kumar.

Dr. Obaidur Rehman, GMCH

- First Prize for paper entitled "Contrast Sensitivity in Idiopathic Intracranial Hypertension" in the Neuro-Ophthalmology (Free Paper) section in the DOS 2020 International Hybrid Conference, 18th to 20th December 2020. Supervisor: Dr Suresh Kumar and Dr Parul Icchpujani.

Dr. Smith Snehal Sute, GMCH (Junior Resident in department of Ophthalmology, GMCH-32, Chandigarh)

- First prize in Paediatric Ophthalmology Poster Gallery at the Annual DOS 2020 International Hybrid Conference, 18th to 20th December 2020 for thesis paper "Use of an online screening algorithm (WINROP) for predicting ROP in Indian preterm babies". Supervisor: Dr Subina Narang.

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EDITOR'S NOTE

"It's not a stop but just a pause.
Everything that happens has a cause.
The dusk will go away and soon it will dawn.
The sun will shine, and the clouds gone".

It has been a pleasure and privilege for me to serve as an editor for COS times, primarily because of all the generous colleagues and seniors I am fortunate to work with.

This third issue of COS Times brings to you yet another blend of patient and doctor stories. We have tried to focus on ethics and social aspects of ophthalmology in this issue. The COVID 19 is still hovering on our heads, and as ophthalmologists, we need to know what the virus does to the eye. We are lucky to have an exemplary success story, some latest drugs in glaucoma treatment, and an unending list of achievements by COS members.

From this issue, we have started an ophthalmology-based crossword, which is open to all COS members. We hope you like it!

I want to thank all those who contributed to this issue sincerely. Most of all, I am grateful to all of you, our readers, for their support and encouragement.

Please be safe and healthy.

Dr Savleen Kaur
Assistant Professor
Advanced Eye Centre, PGIMER, Chandigarh

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SOCIETY NEWS

Website details: Visit our website www.chdoph.com
The recorded version of past webinars is also available on the website.

For convenience, we have created a watsapp group for COS Members. It is a broadcast group only to keep you all updated with the latest society events. If you have not been included in the group and wish to, kindly email your name and number to secretarycos@gmail.com.

Have a story to share or a picture to spare?
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