

34<sup>th</sup> Annual Conference of Glaucoma Society of India

# GLAUCOTAAL

2025



Taj Lakefront, Bhopal | 12, 13 & 14 September 2025





It is with immense pleasure and great anticipation that I welcome you to the Annual Conference of the Glaucoma Society of India (GSI), taking place from September 12<sup>th</sup> to 14<sup>th</sup> 2025 in the historic and vibrant city of Bhopal, Madhya Pradesh. On behalf of the GSI Executive Committee and our dedicated organizing team, I extend my heartfelt greetings to ophthalmologists, researchers, fellows, residents and allied professionals from across India and beyond.

This year's Annual conference, named as Glaucotaal is on Basics and Beyond. Advancing Glaucoma Care in the Modern Era, promises to be a landmark event in our ongoing mission to combat glaucoma - a leading cause of irreversible blindness. As we gather in the "City of Lakes," we stand at the intersection of tradition and innovation, reflecting our commitment to merging time-tested practices with groundbreaking science to illuminate new pathways in patient care.

**Why This Conference Matters:** Glaucoma management is evolving at an unprecedented pace. From cutting-edge surgical techniques and novel pharmacotherapies to AI-driven diagnostics and tele-ophthalmology, our field is experiencing a renaissance. This conference is meticulously designed to:

1. Showcase Innovation, Present pioneering research and technologies reshaping glaucoma diagnosis and treatment
2. Video Assisted Skill Transfer (VAST) Sessions
3. Global experts talks, Interactive Debates & Panel Discussions, Research Paper & Poster Sessions highlighting contributions from rising stars, Pharma-therapeutics, Quiz programme, Squid Game, Grand Rounds etc



to forge lasting professional bonds against Bhopal's cultural backdrop.

Our Host City Bhopal - a city rich in history, culture, and natural beauty - offers the perfect setting for reflection and rejuvenation. I encourage you to explore its majestic lakes, UNESCO - listed heritage sites, and culinary delights during your stay. Our local organizing committee has ensured seamless logistics, comfortable accommodations and warm Madhya Pradesh hospitality.

I extend my deepest appreciation to our Scientific Committee Contributors, Secretary Dr. Manish Shah, Treasurer Dr. Deven Tuli, LOC Dr. Vinita Ramnani and the entire LOC team, sponsors, volunteers and the other support people for their tireless efforts in bringing this conference to life.

To you, our Delegates: Your passion, expertise, and dedication are the lifeblood of GSI. Let us use this gathering not only to learn but to reignite our shared purpose - preserving vision and empowering lives.

As Rabindranath Tagore once wrote, "You can't cross the sea merely by standing and staring at the water. "Together, let us set sail toward a future where glaucoma no longer steals sight from our community.

Safe travel to Bhopal! I eagerly await the privilege of learning alongside you, sharing insights and celebrating our collective achievements.

Warm regards,

**Dr. Sathyan Parthasarathi**

President

Glaucoma Society of India







It is indeed my honour and privilege to extend a warm welcome to all delegates and Faculty to this academic feast, Glaucotaal 2025. The Local organizing committee has gone to great lengths to provide all the facilities to us to enjoy the academics put together by the scientific committee. Some new ideas have been incorporated in the program and I hope everybody enjoys the novelty. I am sure all of us will have great learning experience as well as create happy memories here in Bhopal. Please take full advantage of the scientific sessions, wet labs, social events and the trade exposition.

Wishing you all a fantastic conference experience.

Warm Regards,

**Dr Manish Shah**

Hon. Gen. Secretary

Glaucoma Society of India





## **Dear Esteemed Guests and Participants,**

On behalf of Organizing Team, it is my absolute pleasure and pride to extend a warm and heartfelt welcome to the 34<sup>th</sup> annual conference of GSI, Glaucotaal, happening at the luxurious Hotel Taj in Bhopal from 12 -14<sup>th</sup> September 2025. Bhopal, the capital of Madhya Pradesh is charmingly known as the city of lakes, famous for its serene beauty, good weather and lush greenery with pleasant.

I extend my deepest gratitude to GSI for giving me this opportunity to host the GSI conference at Bhopal. It's a matter of great honor, and I feel happy to be the Organizing Secretary of such a wonderful conference. I would like to convey my sincere thanks to the GSI office bearers - President Dr. P. Sathyan, Secretary Dr. Manish Shah, and Treasurer Dr. Deven Tuli - for their unwavering support and enthusiasm, which is helping make this conference a resounding success.

I would like to express my heartfelt thanks to each of you for joining us in Bhopal, making this event a vibrant reality, and to all those who have contributed their time, efforts, and expertise to make this conference successful. The Hotel Taj awaits you with its sophisticated ambiance, delectable cuisine, and an atmosphere brimming with possibilities for networking and learning. We have tried our level best to make this conference memorable with a blend of enriched scientific program, interaction and fun and thrilled to host you all. May this conference be a beacon of knowledge, leading to an incredible, successful and enlightening experience for all.

Looking forward to your esteemed presence and connecting with you all in Bhopal.

Warm Regards,

**Dr. Vinita Ramnani**

Organizing Secretary

Glaucotaal 2025





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## DR. N.N. SOOD ORATION & OTHER AWARDS



**Dr. Lingam Vijaya**  
Dr. N.N. Sood Oration



**Dr. Annamalai Odayappan**  
Dr. B. Sridhar Rao Award



**Dr. Parveen Rewri**  
Free Paper Winner



**Dr. Manik**  
Free Paper Runner Up







**Dr. Dewang Angmo**  
Video Management  
Winner



**Dr. Swati Upadhyaya**  
Video Management  
Runner Up



**Dr. Megha G**  
Video Diagnostic Winner



**Dr. Devendra Maheshwari**  
Video Diagnostic  
Runner Up



**Dr. Manik**  
Physical Poster  
(Rapid Fire) Winner



**Dr. Meghna Ganesh**  
Physical Poster  
(Rapid Fire) Runner Up



# GLAUCOMA WEEK WINNERS

## GSI CSOS QUIZ TOPPERS

### PRACTITIONERS



**Dr. Rishabh Desai**  
Rank - 1



**Dr. Premanand Chandran**  
Rank - 2



**Dr. Niranjan Karthik**  
Rank - 3

### POST GRADUATES / FELLOW



**Dr. Sujay Jaju**  
Rank - 1



**Dr. Shebsan Mohammed**  
Rank - 2



**Dr. Fathima Shanavas**  
Rank - 3





# GLAUCOMA WEEK WINNERS

## VIDEO TALK - WINNERS



**Dr. Saloni Joshi**



**Dr. Indira Pegu**



**Dr. Rishika  
Lakshminarayana**

## PHOTO TALK - WINNERS

### JOINT - WINNERS



**Dr. Rasna Bhanuman**



**Dr. Shwetha Iyer**



**Dr. Rashmi  
Krishnamurthy**



**Dr. Sharmila R**



## **INSTRUCTION TO THE JUDGES OF DR. B. SRIDHAR RAO AWARD**

- ❖ **Start and conclude the session on time.**
- ❖ **Changing of the presenting author is not allowed.**
- ❖ **Duration of each paper is (6 minutes presentation +2 minutes discussion).**
- ❖ **If there are absentees, please indicate in the marksheet clearly as "absent".**
- ❖ **Please do not consult your marks with other judges. We highly value your individual evaluation.**
- ❖ **Computation and announcement of results shall be done by the scientific committee office within two hours from the completion of the session. Hence do not announce the results.**
- ❖ **Results announced are subject to ratification by the scientific committee office.**
- ❖ **Please seal the envelope with the scoring sheet inside and hand it over to the designated volunteer. Ensure that the volunteer is sent back to the scientific committee office soon after the session (WITHOUT ANY DELAY).**
- ❖ **For any clarification, please call Mr. Sai Krishnan – 9256887397/  
Mrs. Manjula Devi (9843217108).**





## INSTRUCTION TO THE JUDGES OF FREE PAPER

- ❖ Start and conclude the session on time.
- ❖ Changing of the presenting author is not allowed.
- ❖ Duration of each paper is (5 minutes presentation +1 minutes discussion).
- ❖ If there are absentees, please indicate in the marksheet clearly as "absent".
- ❖ Please do not consult your marks with other judges. We highly value your individual evaluation.
- ❖ Computation and announcement of results shall be done by the scientific committee office within two hours from the completion of the session. Hence do not announce the results.
- ❖ Results announced are subject to ratification by the scientific committee office.
- ❖ Please seal the envelope with the scoring sheet inside and hand it over to the designated volunteer. Ensure that the volunteer is sent back to the scientific committee office soon after the session (WITHOUT ANY DELAY).
- ❖ For any clarification, please call Mr. Sai Krishnan – 9256887397/  
Mrs. Manjula Devi (9843217108).



## **INSTRUCTION TO THE JUDGES OF FREE VIDEO**

- ❖ **Start and conclude the session on time.**
- ❖ **Changing of the presenting author is not allowed.**
- ❖ **Duration of each video is (5 minutes presentation +1 minutes discussion).**
- ❖ **If there are absentees, please indicate in the marksheet clearly as "absent".**
- ❖ **Please do not consult your marks with other judges. We highly value your individual evaluation.**
- ❖ **Computation and announcement of results shall be done by the scientific committee office within two hours from the completion of the session. Hence do not announce the results.**
- ❖ **Results announced are subject to ratification by the scientific committee office.**
- ❖ **Please seal the envelope with the scoring sheet inside and hand it over to the designated volunteer. Ensure that the volunteer is sent back to the scientific committee office soon after the session (WITHOUT ANY DELAY).**
- ❖ **For any clarification, please call Mr. Sai Krishnan – 9256887397/  
Mrs. Manjula Devi (9843217108).**





## INSTRUCTION TO THE JUDGES OF PHOTO TALK

- ❖ Start and conclude the session on time.
- ❖ Changing of the presenting author is not allowed.
- ❖ Duration of each photo talk is (2 minutes presentation +1 minutes discussion).
- ❖ If there are absentees, please indicate in the marksheet clearly as "absent".
- ❖ Please do not consult your marks with other judges. We highly value your individual evaluation.
- ❖ Computation and announcement of results shall be done by the scientific committee office within two hours from the completion of the session. Hence do not announce the results.
- ❖ Results announced are subject to ratification by the scientific committee office.
- ❖ Please seal the envelope with the scoring sheet inside and hand it over to the designated volunteer. Ensure that the volunteer is sent back to the scientific committee office soon after the session (WITHOUT ANY DELAY).
- ❖ For any clarification, please call Mr. Sai Krishnan – 9256887397/  
Mrs. Manjula Devi (9843217108).



## **INSTRUCTION TO THE JUDGES OF VIDEO TALK**

- ❖ **Start and conclude the session on time.**
- ❖ **Changing of the presenting author is not allowed.**
- ❖ **Duration of each video talk is (2 minutes presentation +1 minutes discussion).**
- ❖ **If there are absentees, please indicate in the marksheet clearly as "absent".**
- ❖ **Please do not consult your marks with other judges. We highly value your Individual evaluation.**
- ❖ **Computation and announcement of results shall be done by the scientific committee office within two hours from the completion of the session. Hence do not announce the results.**
- ❖ **Results announced are subject to ratification by the scientific committee office.**
- ❖ **Please seal the envelope with the scoring sheet inside and hand it over to the designated volunteer. Ensure that the volunteer is sent back to the scientific committee office soon after the session (WITHOUT ANY DELAY).**
- ❖ **For any clarification, please call Mr. Sai Krishnan – 9256887397/  
Mrs. Manjula Devi (9843217108).**





# INSTRUCTION TO THE JUDGES OF RAPID FIRE

- ❖ Start and conclude the session on time.
- ❖ Changing of the presenting author is not allowed.
- ❖ Duration of each paper is (2 minutes presentation +1 minutes discussion).
- ❖ If there are absentees, please indicate in the marksheet clearly as "absent".
- ❖ Please do not consult your marks with other judges. We highly value your individual evaluation.
- ❖ Computation and announcement of results shall be done by the scientific committee office within two hours from the completion of the session. Hence do not announce the results.
- ❖ Results announced are subject to ratification by the scientific committee office.
- ❖ Please seal the envelope with the scoring sheet inside and hand it over to the designated volunteer. Ensure that the volunteer is sent back to the scientific committee office soon after the session (WITHOUT ANY DELAY).
- ❖ For any clarification, please call Mr. Sai Krishnan – 9256887397/  
Mrs. Manjula Devi (9843217108).



## FACULTY NAMES

### INTERNATIONAL

- » Dr. Arun Kumar Narayanaswamy
- » Dr. Arvind Neelakantan
- » Dr. Bryan Ang
- » Dr. Monisha Esther Nongpiur
- » Dr. Victor Koh

### NATIONAL

- |                           |                                |
|---------------------------|--------------------------------|
| » Dr. Aanchal Rathore     | » Dr. Arijit Mitra             |
| » Dr. Abhijeet A Tagare   | » Dr. Arpita Agarwal           |
| » Dr. Aditi Dubey         | » Dr. Arshi Singh              |
| » Dr. Aditya Agarwal      | » Dr. Asgar Hussain Naqvi Syed |
| » Dr. Ajai Agrawal        | » Dr. Barun Kumar Nayak        |
| » Dr. Ajeet Kumar Dwivedi | » Dr. Bindu S Ajith            |
| » Dr. Ajitha Sasidharan   | » Dr. Chandrima Paul           |
| » Dr. Amit Pandey         | » Dr. Chitra Ramamurthy        |
| » Dr. Amit Porwal         | » Dr. Chockalingam M           |
| » Dr. Anil Kumar Mandal   | » Dr. Col. Aditi Dusaj         |
| » Dr. Ankur Sinha         | » Dr. Debasis Chakrabarti      |
| » Dr. Annamalai Odayappan | » Dr. Deven Tuli               |





# FACULTY NAMES

## NATIONAL

- |                             |                                |
|-----------------------------|--------------------------------|
| » Dr. Devendra Maheshwari   | » Dr. Kiran Gopalakrishnan     |
| » Dr. Devindra Sood         | » Dr. Kirti Singh              |
| » Dr. Dewang Angmo          | » Dr. Krishnadas S R           |
| » Dr. Digvijay Singh        | » Dr. Lingam Vijaya            |
| » Dr. Dilip Lalwani         | » Dr. Madhavi Ramanatha Pillai |
| » Dr. Dipanjan Pal          | » Dr. Madhu Bhadauria          |
| » Dr. Divya Rajsrinivas     | » Dr. Madhulika                |
| » Dr. Faisal T T            | » Dr. Maitreyee Das            |
| » Dr. Gajendra Chawla       | » Dr. Manav Deep Singh         |
| » Dr. Geeta Behera          | » Dr. Maneesh Singh            |
| » Dr. George Puthuran       | » Dr. Manish Panday            |
| » Dr. Gowri J. Murthy       | » Dr. Manish Shantilal Shah    |
| » Dr. Gursatindar Singh     | » Dr. Manju R Pillai           |
| » Dr. Harsh Kumar           | » Dr. Mayuri Khamar            |
| » Dr. Jatinder Singh Bhalla | » Dr. Meena Menon              |
| » Dr. Jaya Chandra Das      | » Dr. Meena Nair               |
| » Dr. Jeyalakshmi Govindan  | » Dr. Megha G                  |
| » Dr. John Davis Akkara     | » Dr. Mohideen Abdul kader     |
| » Dr. Kavitha Srinivasan    | » Dr. Mona Khurana             |



# FACULTY NAMES

## NATIONAL

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| » Dr. Murali Ariga                    | » Dr. Rengaraj Venkatesh        |
| » Dr. Neethu Mohan                    | » Dr. Rita Dhamankar            |
| » Dr. Neha Midha                      | » Dr. Rohan Jain                |
| » Dr. Nitika Beri                     | » Dr. Roopali Nerlikar          |
| » Dr. Nitin S Deshpande               | » Dr. Sachin Dharwadkar         |
| » Dr. Pankaj Bendale                  | » Dr. Sagarika Patyal           |
| » Dr. Piyush Jansari                  | » Dr. Samta Patel               |
| » Dr. Prafulla Sarma                  | » Dr. Santosh G Honavar         |
| » Dr. Prasanna Venkatesh Ramesh       | » Dr. Sapna Prashant Srivastava |
| » Dr. Prashant Priyadarshi Srivastava | » Dr. Saroj Gupta               |
| » Dr. Priti Kamdar                    | » Dr. Sathi Devi A V            |
| » Dr. Purvi Bhagat                    | » Dr. Sathian Nagamalai         |
| » Dr. Rajul S Parikh                  | » Dr. Sathyan Parthasarathi     |
| » Dr. Rakesh Shakya                   | » Dr. Shailesh Gadaginamath     |
| » Dr. Ramakrishnan Rengappa           | » Dr. Shalini Mohan             |
| » Dr. Ramanjit Sihota                 | » Dr. Shantha Balekudaru        |
| » Dr. Rashmi Krishnamurthy            | » Dr. Sharmila R                |
| » Dr. Raveendra Tammineni             | » Dr. Shashi Jain               |
| » Dr. Rayees Ahmad Sofi               | » Dr. Shefali Parikh            |





# FACULTY NAMES

## NATIONAL

- |                              |                         |
|------------------------------|-------------------------|
| » Dr. Shivam Gupta           | » Dr. Swetha K          |
| » Dr. Shivani Dixit          | » Dr. Talvir Sidhu      |
| » Dr. Shweta Tripathi        | » Dr. Tanuj Dada        |
| » Dr. Siddharth Dikshit      | » Dr. Thomas George T   |
| » Dr. Sirish Nelivigi        | » Dr. Tirupati Nath     |
| » Dr. Sirisha Senthil        | » Dr. U.S. Tiwari       |
| » Dr. Subashini Kaliaperumal | » Dr. Varsha G Belamgi  |
| » Dr. Subhash Prasad         | » Dr. Vasudha Damle     |
| » Dr. Sudipta Ghosh          | » Dr. Vel Pandian T     |
| » Dr. Sumit Choudhury        | » Dr. Vanita Pathak Ray |
| » Dr. Suneeta Dubey          | » Dr. Vinay Nangia      |
| » Dr. Sunil Gupta            | » Dr. Vineet Ratra      |
| » Dr. Surajit Chakrabarti    | » Dr. Vineet Sehgal     |
| » Dr. Suresh Kumar Gupta     | » Dr. Viney Gupta       |
| » Dr. Surinder S Pandav      | » Dr. Vinita Gupta      |
| » Dr. Sushmita Kaushik       | » Dr. Vinita Ramnani    |





## **Dr. Arun Kumar Narayanaswamy**

Senior Staff Physician at SNEC

Dr. Arun Kumar Narayanaswamy is based in Singapore and currently is a Senior Staff Physician at SNEC. He received his formal glaucoma at Sankara Nethralaya, Chennai between 1996 and 1999 and subsequently worked there as faculty until 2008. His main areas of interest are Angle imaging, complex adult glaucoma and novel laser applications. He brings with him 24 years of experience dealing with complex adult glaucoma. Dr. Arun has been an active member of the Glaucoma Society of India and was the organizing secretary of SEAGIG international glaucoma congress - 2006 in Chennai. His scientific contributions include multiple publications in various National and International Journals. He has been a Faculty in a large number of Glaucoma related conferences.







## **Dr. Arvind Neelakantan**

**Dr. Arvind Neelakantan is a board-certified glaucoma specialist. He currently serves as Physician and CEO at the Glaucoma Center of Texas in Dallas, TX. In addition, he holds the title of: Adjunct Associate Professor of Ophthalmology at the University of Texas Southwestern Medical School in Dallas, USA.**

**Dr. Neelakantan received his medical degree in 1989 from the University of Bombay, India. He has since then, completed ophthalmology residencies at University of Bombay, India; University of Glasgow, Scotland and at University of Florida, Gainesville, United States. Dr. Neel is extensively trained in glaucoma, having completed clinical glaucoma fellowships at Bascom Palmer Eye Institute, Miami, Florida, Moorfields Eye Hospital, London, England and SankaraNethralaya, Chennai, India. In addition, he completed a two-year post-doctoral glaucoma research fellowship at the University of Florida in Gainesville studying post glaucoma surgery wound healing.**





## **Dr. Bryan Ang**

Adjunct Assistant Professor Bryan Ang is the Deputy Head of the Glaucoma Service, and the Head of Clinical Services, at the Department of Ophthalmology, Tan Tock Seng Hospital in Singapore.

Dr Ang's clinical and research interest is in MIGS. He has won multiple surgical film awards for his work, including 1st Surgical Film Prize in 2023, and 2nd Surgical Film Prize in 2019, at the WGC; and the Best Video Award at the AAO Annual Meeting in 2021. Dr. Ang is regularly invited to teach and speak on MIGS at international meetings, including the APGC, APAO, ASCRS, WOC and the WGC. Dr Ang holds several research grants focusing on surgery and diagnostics, and has published more than 60 scientific papers to date. He is an appointed Research Collaborator with the Mayo Clinic, USA, an Adjunct Clinician - Scientist with the Singapore Eye Research Institute, and sits on the editorial boards of various journals. Dr Ang is a member of the National Glaucoma Subspecialty Committee in Singapore, and is the immediate past Treasurer of the Glaucoma Association of Singapore.







**Dr. Monisha Nongpiur**

### **Brief Biography**

**Dr. Monisha Nongpiur, MD PhD, is a Clinician Scientist and Principal Investigator at the Singapore National Eye Centre, and Head of the Clinical Research/Trials Research Platform at the Singapore Eye Research Institute. She completed her undergraduate training at CMC Vellore, Ophthalmology Residency at the All India Institute of Medical Sciences, New Delhi, and PhD from the National University of Singapore. She balances both clinical and research related work in Glaucoma. She currently holds academic appointment at Duke-NUS Medical School, Singapore as Associate Professor, Ophthalmology and Visual Science; and is also a member of the World Glaucoma Association (WGA) Education committee and the WGA Communication and Technology committee. Her main clinical research interest is primary angle closure glaucoma with a focus on a better understanding of the clinical course, risk factors/disease mechanisms, genetics, and also to develop risk assessment models for the condition. Her research integrates clinical, imaging and genetics. She has authored >140 peer-reviewed papers and 7 book chapters in the field of glaucoma, ocular imaging and ophthalmic genetics.**





## **Associate Professor Victor Koh**

Head, Department of Ophthalmology, National University Hospital

Head, Department of Ophthalmology, Yong Loo Lin School of Medicine,  
National University of Singapore

Senior Consultant, Department of Ophthalmology, National University Hospital

Associate Professor, Yong Loo Lin School of Medicine, National University of Singapore

Project Lead & Deputy Chairperson (Hospital Planning Committee), Tengah  
Community & General Hospital

A/Prof Koh graduated from NUS Yong Loo Lin School of Medicine in 2007 and completed his basic and advanced Ophthalmology specialist training in 2016. In the specialist accreditation exams, he passed with several distinction awards and subsequently also obtained his MRCSEd(Ophthalmology) from the Royal College of Ophthalmology, Edinburgh.

He finished a three-year glaucoma fellowship under his mentor, Prof Paul Chew. In 2018 to 2019, he underwent further sub-specialisation into childhood glaucoma and complex glaucoma management under Prof Sir Peng Khaw at Moorfields Eye Hospital, UK, the largest tertiary referral centre in Europe. His clinical expertise is in adult and childhood glaucoma management and complex cataract surgery. He is proficient in a broad range of cataract surgical techniques including femtosecond laser assisted cataract surgery, premium intraocular lens implantation and sutureless techniques for the scleral fixation of intraocular lenses.

Fueled by his interest in novel medical technologies, he completed a Masters (Innovation Graduate Program) at NUS in 2018. A/Prof Koh was awarded with translational grants at the national level and currently leads the SPIN (Ophthalmology), the flagship program for translational innovation at National University Health System. His main research interest is in disruptive innovative medical devices designed for community-based ophthalmic diagnostics and new laser/implants for refractory glaucoma.



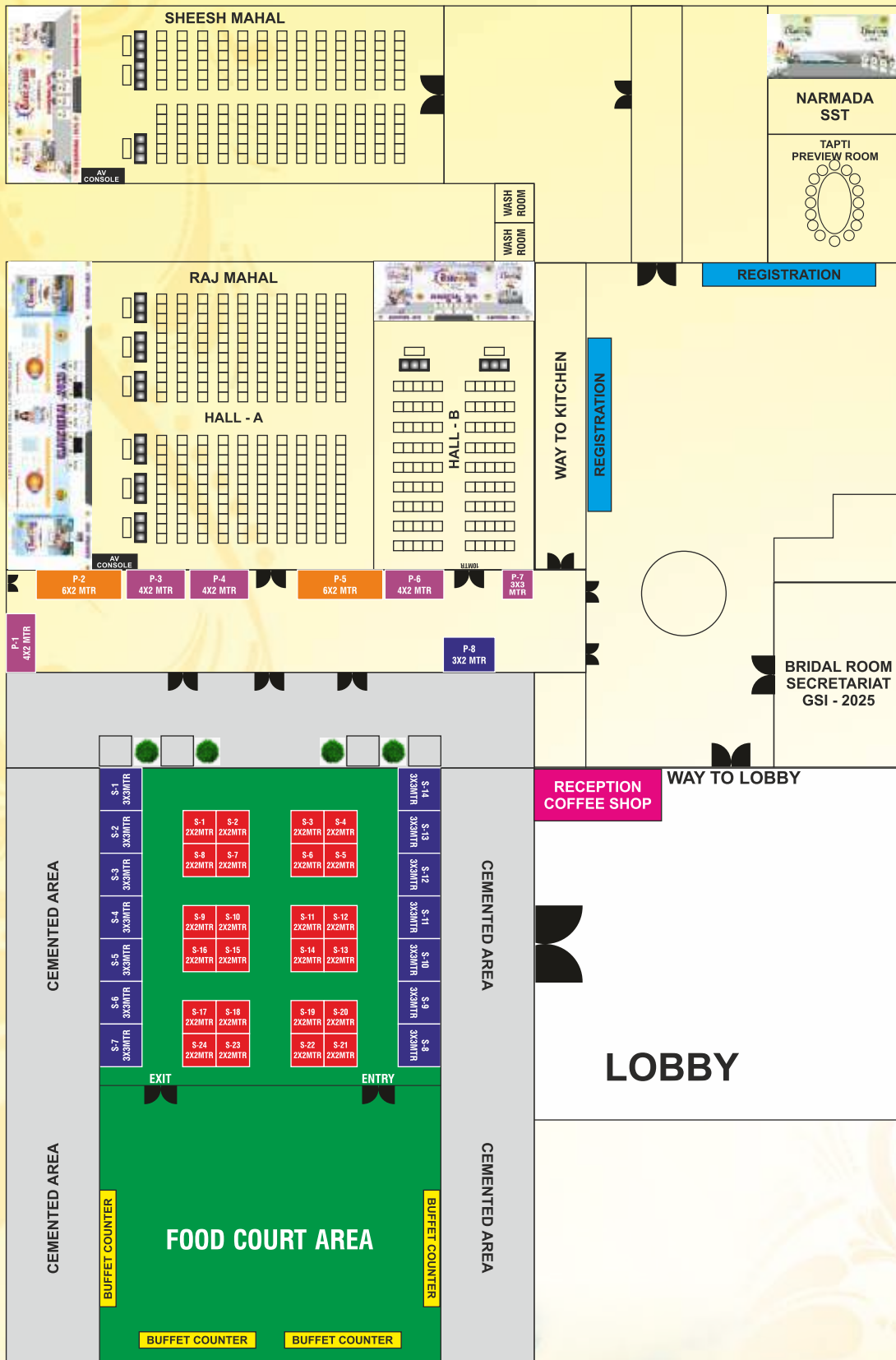


**He has been actively involved in publications and served as a reviewer in multiple peer-reviewed journals. He aims to engage his patients to provide evidence-based but individualised therapy in his daily clinical duties.**

**As he has benefitted greatly from his teachers, A/Prof Koh strongly believes in educating the next generation of young doctors and medical students to provide a high level of patient care. He was awarded the NUS-NUH Young Educator Award 2014 and NUH Young Clinician Mentor Award 2015 for his contributions. He is also the co-editor of the book titled: Essentials of Ophthalmology - For Medical School and Beyond.**



# VENUE LAYOUT





# **PRE CONFERENCE DAY**

**EXECUTIVE COMMITTEE MEETING - 2025  
( PHYSICAL )**

**THURSDAY, SEPTEMBER 11, 2025 @ 7.30 PM**



## PROGRAMME MATRIX

BASICS	CLINICAL	CLINICAL TRIALS
DEBATE	Dr. B. SRIDHAR RAO AWARD	Dr. N.N. SOOD ORATION
EPIDEMIOLOGY	FREE PAPER	FREE VIDEO
GENERAL	GRAND ROUNDS	GSTP
LASERS	PHARMACOPIA	PHOTO TALK
POSTERS	QUIZ	RAPID FIRE
SECONDARY GLAUCOMA'S	SURGICAL	UPDATES
VAST	VIDEO TALK	WGC
YOSI	A ..... Z PROGRAMME MATRIX	





## DAY 1 - 12th September, 2025 (Friday)

SESSION TIMINGS	HALL A	HALL B	HALL C		SESSION TIMINGS	HALL D
09.00 AM - 10.30 AM	Looking at the Optic Disc	IOP & Beyond	Epidemiology		09.30 AM - 10.30 AM	Free Paper I
10.31 AM - 10.45 AM	BREAK				10.31 AM - 10.45 AM	BREAK
10.46 AM - 11.45 AM	Visual Fields Demystified	Direct & Indirect Gonioscopy	Initial Surgery for Primary Congenital Glaucoma: A Paradigm Shift		10.46 AM - 11.45 AM	Free Video I
11.46 AM - 12.45 PM	Let’s Image from Angle to Optic Nerve to Identify the Unscathed from Glaucoma	"Unraveling The Mystery" -True Glaucoma Vs Its Myriad Mimickers	Ultrasound Biomicroscopy (UBM) in Glaucoma - An Invaluable Asset		11.46 AM - 12.45 PM	Photo Talk I
12.46 PM - 01.45 PM	LUNCH				12.46 PM - 01.45 PM	LUNCH
01.46 PM - 02.45 PM	Target IOP	Pharmacogenetics	Glaucoma and Systemic Diseases: Intricacy and Ripostes		01.46 PM - 02.45 PM	Video Talk
02.46 PM - 04.15 PM	VAST I	Newer RCT's in Glaucoma	Neuroprotection : An Update		02.46 PM - 04.15 PM	Rapid Fire I
04.16 PM - 05.30 PM		SQUID				
05.31 PM - 06.00 PM	PHYSICAL POSTER(S) I					
06.01 PM - 07.00 PM	INAUGURATION					
07.01 PM ONWARDS	ADVISORY BOARD MEETING & FACULTY DINNER					



## DAY 2 - 13th September, 2025 (Saturday)

08.30 AM - 09.00 AM	PHYSICAL POSTER(S) II					
SESSION TIMINGS	HALL A	HALL B	HALL C		SESSION TIMINGS	HALL D
08.30 AM - 10.00 AM	Pharmaco Therapuetics & Compliance	Lasers in Glaucoma	OHT/Suspect /NTG		09.00 AM - 10.00 AM	Free Video II
10.01 AM - 10.30 AM	Dr. N.N. SOOD ORATION					
10.31 AM - 10.45 AM	BREAK				10.31 AM - 10.45 AM	BREAK
10.46 AM - 12.15 PM	World Glaucoma Connect	The Blind Stopper	Secondary Glaucomas – Gripping the Gruesome		10.46 AM - 11.45 AM	Free Paper II
12.16 PM - 01.15 PM	Trabecular MIGS : Navigating the Pathway	Open your Eyes to Angle Closure- A Complete Guide on the Latest Evidence	Glaucoma Screening		11.46 AM - 12.45 PM	Dr. Sridhar Rao Award
01.16 PM - 02.00 PM	Lunch Symposium By Abbvie				12.46 PM - 01.30 PM	LUNCH
02.01 PM - 03.30 PM	VAST II	Surgical Management I	Secondary Glaucoma Demystified- Expert Insights on Complex Cases		01.31 PM - 02.30 PM	Free Video III
					02.31 PM - 03.30 PM	Free Paper III
03.31 PM - 04.30 PM	Glaukotaal Surgical Matrix	GSI Guidelines	Lifestyle & Diet in Glaucoma : Modifying Risk & Slowing Progression		03.31 PM - 04.30 PM	Photo Talk II
04.31 PM - 05.45 PM		THE DOUBLE QUIZ				
06.00 PM - 06.45 PM		GBM				
07.00 PM ONWARDS	VIVIDHA EVENING INTERACTIVE SESSION					





## DAY 3 - 14th September, 2025 (Sunday)

SESSION TIMINGS	HALL A	HALL B	HALL C		SESSION TIMINGS	HALL D
08.30 AM - 09.30 AM	Understanding the NVG	Living with Glaucoma	Next Gen GSI - YOSI		08.30 AM - 09.30 AM	Free Paper Finals
09.31 AM - 11.00 AM	Tubes: A Tough Job	GSI Debate & Glaucoma Medical Audit	Vision Restoration in Glaucoma		09.31 AM - 10.30 AM	Free Video Finals
					10.31 AM - 11.30 AM	Rapid Fire II
11.01 AM - 11.15 AM	BREAK					
11.16 AM - 12.45 PM	Glaucoma Grand Rounds					
12.46 PM - 01.15 PM	VALEDICTORY					
01.45 PM ONWARDS	LUNCH					





**DAY - 1**

**12<sup>th</sup> September, 2025**



# LOOKING AT THE OPTIC DISC

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : A**

**TIME : 09.00 AM - 10.30 AM**

**CHAIRPERSON : Dr. Devindra Sood**  
**CO - CHAIRPERSON : Dr. Gursatindar Singh**  
**MODERATOR : Dr. Geeta Behera**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Changing Definitions of Glaucoma	07 Minutes	Dr. Sumit Choudhury
2	How to Read an ONH	07 Minutes	Dr. Devindra Sood
3	Grading of the ONH in Glaucoma	07 Minutes	Dr. Maitreyee Das
4	Differentiating a Glaucomatous ONH from Normal	07 Minutes	Dr. Shefali Parikh
5	Diferentiating a Glaucomatous ONH from a Neurological Disc	07 Minutes	Dr. Surajit Chakrabarti
6	Techniques for Evaluating the ONH	07 Minutes	Dr. Divya Rajsrinivas
7	Deep Learning: Importance of ONH features in Glaucoma Management	07 Minutes	Dr. Viney Gupta
8	Regeneration or Repair of the Optic Nerve	07 Minutes	Dr. Kiran Gopalakrishnan
	Slido by (Dr. Devindra Sood), Discussion & Q & A	30 Minutes	
	Session Group Photo & Change Over Time	04 Minutes	



## IOP & BEYOND

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : B**

**TIME : 09.00 AM - 10.30 AM**

**CHAIRPERSON : Dr. Anil Kumar Mandal**  
**CO - CHAIRPERSON : Dr. Subashini Kaliaperumal**  
**MODERATOR : Dr. Sharmila R**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Accurate IOP assessment and its Relevance in Glaucoma Management	08 Minutes	Dr. Manav Deep Singh
2	Factors Affecting Accurate IOP Measurement	08 Minutes	Dr. Sudipta Ghosh
3	Newer Innovations in IOP Assessment	08 Minutes	Dr. Arpita Agarwal
4	Measurement of IOP - Instruments and Equipment's	08 Minutes	Dr. Aditya Agrawal
5	IOP & Pachy - Where do we Stand Today?	08 Minutes	Dr. Ajeet Kumar Dwivedi
6	Circadian Rhythm, Diurnal Variation Curve and Water Drinking Test - Clinical Relevance	08 Minutes	Dr. Dilip Lalwani
7	Ocular Perfusion Pressure - What do we do with it	08 Minutes	Dr. Debasis Chakrabarti
	Slido by (Dr. Sharmila R), Discussion and Q & A	30 Minutes	
	Session Group Photo & Change Over Time	04 Minutes	





# EPIDEMIOLOGY

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : C**

**TIME : 09.00 AM - 10.30 AM**

**CHAIRPERSON : Dr. Ramakrishnan Rengappa**

**CO - CHAIRPERSON : Dr. Krishnadas S R**

**MODERATOR : Dr. Subhash Prasad**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Global Prevalence of Glaucoma, Regional / Geographic variations, Number of People with Glaucoma World-wide (Findings from Quigley & Broman Publication, Tham's study of Glaucoma in Asia & the world by 2040)	10 Minutes	Dr. Vineet Ratra
2	Burden of Glaucoma in India (2020 Through 2050), Findings from a Systematic Meta-Analytic Study (AECS , Madurai)	10 Minutes	Dr. Krishnadas S R
3	Prevalence and Estimates for Primary Glaucoma in India	09 Minutes	Dr. Chandrima Paul
4	Risk Factors for Glaucoma Identification in Population based Studies & their Clinical Relevance	09 Minutes	Dr. Meena Nair
5	Health Economics in Glaucoma (Cost Implications and Burden of Treatment of Glaucoma, Cost Savings in Effective Glaucoma Screening, Early Diagnosis and Management)	09 Minutes	Dr. Vinay Nangia
6	Screening for Glaucoma: Sustainable Models, Family and Tele-Screening, Primary Eye Care and the Evolving Role of AI in Diagnosis, Screening & Referral	09 Minutes	Dr. Rengaraj Venkatesh
	Slido by (Dr. Subhash Prasad), Discussion and Q & A	30 Minutes	
	Session Group Photo & Change Over Time	04 Minutes	



## FREE PAPER - I

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : D**

**TIME : 09.00 AM - 10.30 AM**

**JUDGE(S) : Dr. Vasudha Damle**  
**JUDGE(S) : Dr. Madhu Bhadauria**  
**JUDGE(S) : Dr. Raveendra Tammineni**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
FP3	Mapping Vision Loss in SWS and PPV: Patterns and Pitfalls	06 Minutes	Dr. Tanvi Sumesh Choudhary
FP13	Outcomes of GDD after failed Combined Trabeculotomy-Trabeculectomy in Infants less than one-year	06 Minutes	Dr. Sivani Kodali
FP14	A cross-sectional study to assess the prevalence of Depression and Anxiety among glaucoma patients	06 Minutes	Dr. Annamalai Odayappan
FP18	Screening for glaucoma in children with Retinopathy of Prematurity (ROP): A Pilot Study	06 Minutes	Dr. Raji Koshy Daniel
FP31	Alterations in Intraocular pressure and retinal circulation in pregnancy with preeclampsia	06 Minutes	Dr. Kirti Singh
FP35	Sequential glaucoma drainage device surgery: AADI following AGV failure	06 Minutes	Dr. Urvish Vashisht
FP36	Corneal Hysteresis & risk of Visual Field Progression in open-angle Glaucoma patients of South India	06 Minutes	Dr. Zia Sultan Pradhan
FP46	Progressive peripapillary perfusion density reduction in POAG using optical microangiography	06 Minutes	Dr. Zia Sultan Pradhan
FP60	Beta Zone Parapapillary Atrophy and RNFL Correlation in Primary Open Angle Glaucoma: SD-OCT Study	06 Minutes	Dr. Jayshri Hariharrao Pendamkar





**10.31 AM - 10.45 AM  
BREAK**





# VISUAL FIELDS DEMYSTIFIED

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : A**

**TIME : 10.46 AM - 11.45 AM**

**CHAIRPERSON : Dr. Bindu S Ajith**  
**CO - CHAIRPERSON : Dr. Meena Menon**  
**MODERATOR : Dr. Nimitha Nageeb**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Mastering the Visual Field Printout Interpretation	08 Minutes	Dr. Revathy KV
2	New Kid in the Block – 24-2 C Uncovered	08 Minutes	Dr. Nimitha Nageeb
3	Octopus Essentials: Tools, Strategies and Interpretation	08 Minutes	Dr. Swetha K
4	Is my Glaucoma Progressing – A Comprehensive Overview on Progression Analysis	08 Minutes	Dr. Bindu S Ajith
5	Bridging the Gap – Structure and Function Correlation in Glaucoma	08 Minutes	Dr. Meena Menon
	Discussion and Q & A	15 Minutes	





# DIRECT & INDIRECT GONIOSCOPY

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : B**

**TIME : 10.46 AM - 11.45 AM**

**CHAIRPERSON : Dr. Mayuri Khamar**  
**CO - CHAIRPERSON : Dr. Sumit Choudhury**  
**MODERATOR : Dr. Shalini Mohan**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Angle Assessment - Different Methods	07 Minutes	Dr. Shweta Tripathi
2	How to do Gonioscopy?	07 Minutes	Dr. Aditya Agrawal
3	Video Assisted Gonioscopy - Pathologies in Primary and Secondary Glaucoma	10 Minutes	Dr. Aanchal Rathore
4	Intraoperative Gonioscopy	10 Minutes	Dr. Devendra Maheshwari
5	The Buying Guide - Different Gonio Lenses Discussion	07 Minutes	Dr. Rakesh Shakya
	Slido by (Dr. Shweta Tripathi), Discussion and Q & A	15 Minutes	
	Session Group Photo & Change Over Time	04 Minutes	



# INITIAL SURGERY FOR PRIMARY CONGENITAL GLAUCOMA: A PARADIGM SHIFT

**DATE : 12<sup>th</sup> September, 2025**  
**DAY : 1 (Friday)**  
**HALL : C**  
**TIME : 10.46 AM - 11.45 AM**

**CHAIRPERSON : Dr. Anil Kumar Mandal**  
**CO - CHAIRPERSON : Dr. Manju R Pillai**  
**MODERATOR : Dr. Sushmita Kaushik**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Mimickers of Primary Congenital Glaucoma	08 Minutes	Dr. Debasis Chakrabarti
2	Ab Interno Angle Surgery	10 Minutes	Dr. Sushmita Kaushik
3	Standard Ab Externo Trabeculotomy/Combined Trabeculotomy-Trabeculectomy for PCG	10 Minutes	Dr. Manju R Pillai
4	Microcatheter Assisted Trabeculotomy/Combined Trabeculotomy-Trabeculectomy for PCG	12 Minutes	Dr. Anil Kumar Mandal
	Discussion and Q & A	15 Minutes	





## FREE VIDEO - I

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : D**

**TIME : 10.46 AM - 11.45 AM**

**JUDGE(S) : Dr. Ajai Agarwal**  
**JUDGE(S) : Dr. Dilip Lalwani**  
**JUDGE(S) : Dr. Jatinder Singh Bhalla**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
VT3	Beyond Sight	06 Minutes	Dr. Manju R Pillai
VT4	“Oil’s well that ends well” – addressing elevated intraocular pressure in Silicone oil filled eyes	06 Minutes	Dr. Zia Sultan Pradhan
VT7	Perkins Applanation - An Ergonomic Approach	06 Minutes	Dr. Anamika Paul
VT9	Taming the Tight Space: Safe Cataract Surgery in Eyes with Axial Length 16 mm	06 Minutes	Dr. Monika Arora
VT13	“ Untying The KNOTS ”- Mastering Surgical Precision in Suture GATT	06 Minutes	Dr. Prasanna Venkatesh Ramesh
VT15	Clinical Applications of Aqueous Angiography	06 Minutes	Dr. Nitika Beri
VT16	Unravelling the mystery of caterpillar hair in the anterior chamber angle	06 Minutes	Dr. Sharmila R
VT20	Enhancing Surgical Precision: The Role of Intraoperative OCT in Trabeculectomy	06 Minutes	Dr. Sania Gulwani
VT26	Aurodropsmart - anything that can be measured, can be improved!	06 Minutes	Dr. Neethu Mohan



# LET'S IMAGE FROM ANGLE TO OPTIC NERVE TO IDENTIFY THE UNSCATHED FROM GLAUCOMA (Case based presentations only)

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : A**

**TIME : 11.46 AM - 12.45 PM**

**CHAIRPERSON : Dr. Sirish Nelivigi**  
**CO - CHAIRPERSON : Dr. Prafulla Sarma**  
**MODERATOR : Dr. Vinita Ramnani**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Optic Disc & RNFL : How to Read your OCT	09 Minutes	Dr. Manish Pantay
2	Macular GCC: How it gets Hit?	07 Minutes	Dr. Sirisha Senthil
3	OCTA: The Flow Velocity or Perfusion in Glaucoma, where are we Headed!	07 Minutes	Dr. Vineet Sehgal
4	Assessing the Progression	07 Minutes	Dr. Meena Menon
5	ASOCT: How has it Changed the Management of Glaucoma?	07 Minutes	Dr. Sushmita Kaushik
6	Influence of AI in Glaucoma OCT	05 Minutes	Dr. John Davis Akkara
	Slido by (Dr. John Davis Akkara), Discussion and Q & A	16 Minutes	
	Session Group Photo & Change Over Time	02 Minutes	





# "UNRAVELING THE MYSTERY" TRUE GLAUCOMA VS ITS MYRIAD MIMICKERS

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : B**

**TIME : 11.46 AM - 12.45 PM**

**CHAIRPERSON : Dr. Chandrima Paul**

**CO - CHAIRPERSON : Dr. Ashok Nanda**

**MODERATOR : Dr. Suchanda Sar**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Anatomy of Optic Nerve Head	08 Minutes	Dr. Swaraj Bhattacharjee
2	Glaucomatous Optic Nerve Head	08 Minutes	Dr. Purna Wadhwa
3	Optic Nerve Head Mimickers	08 Minutes	Dr. Sudipta Ghosh
4	Visual Field Defects that Mimic Glaucoma	08 Minutes	Dr. Debasis Chakrabarti
5	"Masquerades" - Tumors Mimicking Glaucoma	12 Minutes	Dr. Santosh Honavar
	Discussion and Q & A	11 Minutes	



# ULTRASOUND BIOMICROSCOPY (UBM) IN GLAUCOMA – AN INVALUABLE ASSET

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : C**

**TIME : 11.46 AM - 12.45 PM**

**CHAIRPERSON : Dr. Ramanjit Sihota**  
**CO - CHAIRPERSON : Dr. Swarnali Sen**  
**MODERATOR : Dr. Samiksha Choudhary**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Principle and Examination Technique - Pearls and Traps	08 Minutes	Dr. Jasleen Dhillon
2	Role in Assessing Angle Closure	08 Minutes	Dr. Samiksha Choudhary
3	Role in Secondary Glaucoma	08 Minutes	Dr. Swarnali Sen
4	Role in Opaque Media	08 Minutes	Dr. Kusum Sharma
5	Monitoring the Effect of Treatment	08 Minutes	Dr. Ramanjit Sihota
	Discussion and Q & A	15 Minutes	





# PHOTO TALK - I

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : D**

**TIME : 11.46 AM - 12.45 PM**

**JUDGE(S) : Dr. Maitreyee Das**  
**JUDGE(S) : Dr. Nitin Deshpande**  
**JUDGE(S) : Dr. Shalini Mohan**

S.NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
PT1	Imaging of Trabeculectomy Bleb	03 Minutes	Dr. Pradeep Balam
PT2	Bad blood in the eye: Endocapsular hematoma	03 Minutes	Dr. Prasanna Venkataraman
PT3	Fibrin block after phakic IOL: Take diversion	03 Minutes	Dr. Prasanna Venkataraman
PT4	Too Round to Stay Grounded: Anterior Displacement of the Lens in Microspherophakia	03 Minutes	Dr. Anamika Paul
PT5	Anterior Segment Anarchy: A Detached Schwalbe's Line Demands Attention	03 Minutes	Dr. Anamika Paul
PT7	Aqueous in Transit: Trabeculo Descemets Window under the spotlight	03 Minutes	Dr. Yamini K
PT8	Wooly web eye	03 Minutes	Dr. Deepa Ramamoorthy
PT11	The Illusion Within: AADI Tube and the Phantom Suture	03 Minutes	Dr. Tosha Gujarathi
PT12	Red, White, and Turbidity : A Hyphema in Stripes	03 Minutes	Dr. Smita Panda
PT13	Neovascularization of the Posterior Capsule in Chronic Uveitis	03 Minutes	Dr. Premkumar P S
PT14	Honeycomb Cornea	03 Minutes	Dr. Suman Das
PT17	Not All That Sinks is Subluxated	03 Minutes	Dr. Megha G
PT18	MRSA Corneal Infiltrate at the Exteriorized end of a Releasable Suture Following Trabeculectomy.	03 Minutes	Dr. Madhuri M.B.
PT19	Microspherophakia: Kugel Fountain Presentation	03 Minutes	Dr. Shivam Gupta
PT21	Different eyes, different implants, same patient !!	03 Minutes	Dr. Arpita Agarwal
PT22	AGV Collage of my patients..	03 Minutes	Dr. Arpita Agarwal
PT23	Unforeseen consequences: Post AADI implant scare	03 Minutes	Dr. Abhijay Luthra
PT24	Cyclodialysis Cleft: A Pathway to Pressure Theft	03 Minutes	Dr. Harshit Agrawal



**12.46 PM - 01.45 PM**  
**LUNCH**





# TARGET IOP

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : A**

**TIME : 01.46 PM - 02.45 PM**

**CHAIRPERSON : Dr. Gowri J Murthy**

**CO - CHAIRPERSON : Dr. Suneeta Dubey**

**MODERATOR : Dr. Bindu S Ajith**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Personalizing Target IOP: Integrating Patient-Specific Risk Factors	08 Minutes	Dr. Roopali Nerlikar
2	Dynamic Target IOP: When and How to Reassess Goals	08 Minutes	Dr. Sathi Devi AV
3	Beyond the Office: Diurnal Variations and Nocturnal IOP Peaks	08 Minutes	Dr. Purvi Bhagat
4	Predictive Modeling: Using Data to Set Smarter Targets	08 Minutes	Dr. Sharmila R
5	Low Tension, High Stakes: Defining Target IOP in Normal-Tension Glaucoma (NTG)	08 Minutes	Dr. Sachin Dharwadkar
	Session Group Photo & Change over Time	18 Minutes	
	Slido by (Dr Gowri J Murthy), Discussion and Q & A	02 Minutes	



# PHARMACO GENETICS

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : B**

**TIME : 01.46 PM - 02.45 PM**

**CHAIRPERSON : Dr. Shantha Balekudaru**

**CO - CHAIRPERSON : Dr. Vel Pandian T**

**MODERATOR : Dr. Manish Panday**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Omics Revelation of Insights in Glaucoma	12 Minutes	Dr. Vel Pandian T
2	Ocular Receptors as Drug Targets	08 Minutes	Dr. Annamalai Odayappan
3	Cost of Therapy - Generic's Vs Originator's	08 Minutes	Dr. Murali Ariga
4	Ongoing AGM Therapy - Ocular Surface Monitoring and Management	09 Minutes	Dr. Sathian Nagamalai
	Slido by (Dr. Manish Panday), Discussion and Q & A	20 Minutes	
	Session Group Photo & Change Over Time	03 Minutes	





# GLAUCOMA AND SYSTEMIC DISEASES: INTRICACY AND RIPOSTES

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : C**

**TIME : 01.46 PM - 02.45PM**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Cardiovascular Conditions Associated with Glaucoma	08 Minutes	Dr. Shefali Parikh
2	Pulmonary Conditions Associated with Glaucoma	08 Minutes	Dr. Surinder S Pandav
3	Inflammatory Disease and Glaucoma	08 Minutes	Dr. Shweta Tripathi
4	Neurodegenerative Diseases and Glaucoma	08 Minutes	Dr. Rajul S. Parikh
5	Pharmacologically Induced Glaucoma	08 Minutes	Dr. Chandrima Paul
	Discussion and Q & A	15 Minutes	



## VIDEO TALK

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : D**

**TIME : 01.46 PM - 02.45 PM**

**CHAIRPERSON : Dr. Meena Nair**

**CO - CHAIRPERSON : Dr. Sapna Prashant Shrivastav**

**MODERATOR : Dr. Sunil Gupta**

S.NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
VTK1	Dual benefit – combined phacoemulsification and goniotomy, post trabeculectomy	03 Minutes	Dr. Ajitha Sasidharan
VTK2	Architects of ocular integrity-Scleral patch grafts in bleb leak repair	03 Minutes	Dr. Srujana Lingala
VTK4	Microincisional trabeculectomy: 5 steps to success	03 Minutes	Dr. Prasanna Venkataraman
VTK5	Why two, when one will do?	03 Minutes	Dr. Neethu Mohan
VTK6	“Ab Externo” revision of problematic bleb for complication related to tight sutures and high IOP.	03 Minutes	Dr. Divya Kesarwani
VTK7	Buttonholes in Trabeculectomy: The Uninvited Guest in Every Surgeon’s Day	03 Minutes	Dr. Anamika Paul
VTK8	Suture. Adjust. Control: Releasable Sutures Demystified	03 Minutes	Dr. Yamini K
VTK9	Know your Roots, Save Your Sight : Family History and the Silent Thief of Sight	03 Minutes	Dr. Megha G





ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
VTK10	Digital Ocular Massage Post-Trabeculectomy: When and How?	03 Minutes	Dr. Sahiti Puttagunta
VTK12	Managing uveal effusion in Nanophthalmos - a case based approach	03 Minutes	Dr. Chinta Sravya
VTK13	How to prepare scleral patch graft for Glaucoma Drainage Device surgery	03 Minutes	Dr. Urvish Vashisht
VTK14	Bleed behind the beam	03 Minutes	Dr. Faiza Ibrahim
VTK15	A stitch in time saves 9 : Reversal of Post Trab Hypotony Maculopathy by Transconjunctival Flap Suture	03 Minutes	Dr. Shivam Gupta
VTK16	Flip to Seal the Deal : Management of Leaking Filtering bleb using Scleral Rotational Autograft	03 Minutes	Dr. Shivam Gupta
VTK17	A shifted lens with a sharp solution	03 Minutes	Dr. Sanchita Handa
VTK18	“Espaillat Goniotomy: Precision MIGS with Trabecular Meshwork Preservation at its Core”	03 Minutes	Dr. Madhavi Ramanatha Pillai
VTK19	The Eyes that Shine too Bright: A Child with Aniridia	03 Minutes	Dr. Harshit Agrawal
VTK20	A deep flap cut of Trabeculectomy rescued by MIGS: Gonioscopy assisted transluminal trabeculotomy	03 Minutes	Dr. Nimrita Gyanchand Nagdev



# VAST - I

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : A**

**TIME : 02.46 PM - 04.15 PM**

**PANELISTS : Dr. Ramakrishnan Rengappa  
Dr. Lingam Vijaya  
Dr. Chitra Ramamurthy  
Dr. Deven Tuli  
Dr. Shefali Parikh  
Dr. Siddharth Dikshit**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Slit Lamp Examination & Glaucoma	03 Minutes	Dr. Asgar Hussain Naqvi Syed
2	Applanation Tonometry	03 Minutes	Dr. Rayees Sofi
3	Calibration and Cleaning of GAT	03 Minutes	Dr. Ajai Agarwal
4	How to Use Tonometers other than GAT	03 Minutes	Dr. Shailesh Gadaginamath
5	Measurements of Corneal Biomechanics	03 Minutes	Dr. John Davis Akkara
6	CCT Measurements: Ultrasound and Optical V	03 Minutes	Dr. Dilip Lalwani
7	Indirect Gonioscopy (Diagnostic)	03 Minutes	Dr. Prashant Srivastava
8	Direct Gonioscopy – Selecting your Best Lens	03 Minutes	Dr. Ajeet Kumar Dwivedi
9	Art of Direct Gonioscopy for MIGS	03 Minutes	Dr. Prasanna Venkatesh Ramesh
10	Ocular Stains Usage in Glaucoma	03 Minutes	Dr. Mayuri Khamar





S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
11	How to Take and Read a Stereoscopic Disc Photograph	03 Minutes	Dr. Divya Rajsrinivas
12	Role of VR Perimetry	03 Minutes	Dr. Prasanna Venkatesh Ramesh
13	Forum Platform for Integrated IOP, Functional and Structural Parameters	03 Minutes	Dr. Gowri J Murthy
14	ASOCT Technique and Measurements for ACG	03 Minutes	Dr. Viney Gupta
15	UBM Technique	03 Minutes	Dr. Sharmila R
16	YAG Laser Iridotomy	03 Minutes	Dr. Chockalingam M
17	SLT Technique	03 Minutes	Dr. Pankaj Bendale
18	Cyclog6 Laser / Diode CPC	03 Minutes	Dr. Dipanjan Pal
19	Medical Management Complications	03 Minutes	Dr. Ajitha Sasidharan
20	Hands Free DSLT	03 Minutes	Dr. Sirish Nelivigi
21	Integrating Photography / Video System with Slit Lamp for Documentation	03 Minutes	Dr. Digvijay Singh
22	Babie's Curve	03 Minutes	Dr. Roopali Nerlikar
23	Difference between HFA & Octopus	03 Minutes	Dr. Priti Kamdar
24	Serial and Progression Assessment in HFA & Octopus	03 Minutes	Dr. Sachin Dharwadkar
25	Meaningful Tools for Glaucoma in Anterior	03 Minutes	Dr. Manish Shantilal Shah
26	B Scan / USG	03 Minutes	Dr. Annamalai Odayappan



# NEWER RCT'S IN GLAUCOMA

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : C**

**TIME : 02.46 PM - 04.15 PM**

**CHAIRPERSON : Dr. Ramanjit Sihota**  
**CO - CHAIRPERSON : Dr. Dewang Angmo**  
**MODERATOR : Dr. Debasis Chakrabarti**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	LIGHT Trial	10 Minutes	Dr. Madhu Bhadauria
2	ZAP and ANALIS	10 Minutes	Dr. Shantha Balekudaru
3	UKGTS in POAG	10 Minutes	Dr. Manju R Pillai
4	TAGS Study	10 Minutes	Dr. Lingam Vijaya
5	EAGLE Study	10 Minutes	Dr. Kavitha Srinivasan
6	OHTS Study	10 Minutes	Dr. Vinita Gupta
	Slido by (Dr. Debasis Chakrabarti), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	





# NEURO PROTECTION : AN UPDATE

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : C**

**TIME : 02.46 PM - 04.15 PM**

**CHAIRPERSON : Dr. Devindra Sood**  
**CO - CHAIRPERSON : Dr. Arun Kumar Narayanswamy**  
**MODERATOR : Dr. Purvi Bhagat**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Neuroprotection in Glaucoma: Evidence from Nicotinamide and Citicoline Trials	10 Minutes	Dr. Faisal T T
2	Gene Therapy Trials in Neuroprotection	10 Minutes	Dr. Monisha Nongpiur
3	Targeting Neuro-inflammation and Harnessing Neurotrophic Factors: Dual Strategies for Neuroprotection in Glaucoma	10 Minutes	Dr. Viney Gupta
4	Stem Cell Based Therapy - Stem Cells and Mitochondria: Emerging Synergies in Glaucoma Neuroprotection	10 Minutes	Dr. Sathi Devi AV
5	Anti-Glaucoma Drugs: Neuroprotective Effects	10 Minutes	Dr. Shalini Mohan
6	The Risks and Rewards of Developing a Glaucoma Neuroprotective	10 Minutes	Dr. Raveendra Tammineni
	Slido by (Dr. Purvi Bhagat), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## RAPID FIRE - I

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : D**

**TIME : 02.46 PM - 04.15 PM**

**JUDGE(S) : Dr. Gajendra Chawla**

**JUDGE(S) : Dr. Kirti Singh**

**JUDGE(S) : Dr. Shweta Tripathi**

S.NO	TITLE	TOTAL DURATION (IN MINUTES)	FACULTY NAME
RFS1	Viral stromal keratitis with trabeculitis and secondary raised IOP: An atypical presentation	03 Minutes	Dr. Aditi Dubey
RFS2	FROM TUBE TO TROUBLE : Corneal decompensation post tube surgery	03 Minutes	Dr. Kainat Chaudhary
RFS3	Evaluation and management of glaucoma associated with advanced stages of retinopathy of prematurity	03 Minutes	Dr. Nischala Balakrishna
RFS4	Atypical Primary Congenital Glaucoma in adulthood: Surgical and Refractive Challenges	03 Minutes	Dr. Dixit Soni
RFS5	Phaco with Glaucoma Drainage Device in Neovascular Glaucoma	03 Minutes	Dr. Prof. Sheikh Sajjad Ahmed
FP4	Management outcome of post-traumatic glaucoma due to tennis ball injury used for playing cricket	03 Minutes	Dr. Bhagabat Nayak
FP6	Anterior Segment Biomarkers: Enhancing Clinical Decision-Making in Glaucoma Management"	03 Minutes	Dr. Zeba Khanam
FP9	Evaluation of Quality of life in Glaucoma Patients using NEIVFQ-25 Questionnaire	03 Minutes	Dr. Anitha Devi Boyapati
FP16	Lifestyle Modifications and Environmental Risk Factors for Glaucoma: A Systematic Review	03 Minutes	Dr. Divya Jain
FP23	A Curious Case of Angle Closure Glaucoma: An Unusual Twist! – Case Report	03 Minutes	Dr. Sowmya Krishna





S.NO	TITLE	TOTAL DURATION (IN MINUTES)	FACULTY NAME
FP25	Outcome of Trabeculectomy with Mitomycin C in Neovascular Glaucoma (NVG)	03 Minutes	Dr. Chandana Dutta
FP28	TITLE – Pachymetry a villain in glaucoma??	03 Minutes	Dr. Rucha Mayankbhai Kacha
FP29	Paediatric Pigmentary Glaucoma (PG)	03 Minutes	Dr. Lalitha K.J.
Fp34	Outcomes of Cataract surgery in Nanophthalmic patients with Preexisting Angle Closure Disease	03 Minutes	Dr. Srihari Siddhartha P
FP37	Five-Years surgical outcomes of Phacogoniectomy in Advanced Primary Angle-Closure Glaucoma	03 Minutes	Dr. Anand Kumar Pathak
FP40	Emotional Thermometer & Patient reported Outcome and Experience Measure in patients with Glaucoma	03 Minutes	Dr. Priyanka Sudhakar
FP41	Safe Trabeculectomy through A Long Self-Sealing Tunnel; A boon for New Learner	03 Minutes	Dr. Monika Gupta
FP43	Modified macular OCTA in early glaucoma	03 Minutes	Dr. Santhini P
FP48	AI and Machine Learning in Glaucoma Detection and Monitoring	03 Minutes	Dr. Sumit Sachdeva
FP54	Cross-sectional Study to Assess Anti-glaucoma Medications Adherence among Glaucoma Patients	03 Minutes	Dr. Usha Tejaswini S
FP56	Comparison of efficiency and accuracy of SITA - Faster versus SITA- standard in glaucoma subjects	03 Minutes	Dr. Nimitha Nageeb
FP57	Correlation between Central and Peripheral Macular GCL Thickness and Retinal Sensitivity in Glaucoma	03 Minutes	Dr. Bhawesh Chandra Saha
FP75	A case report on Management of Tube touch Syndrome after 8 years of AGV Implantation	03 Minutes	Dr. Ajeet Kumar Dwivedi



**04.16 PM – 05.30 PM**  
**SQUID - HALL B**





## PHYSICAL POSTER(S) I

**DATE : 12<sup>th</sup> September, 2025**

**DAY : 1 (Friday)**

**HALL : Physical Poster Area**

**TIME : 05.31 PM - 06.00 PM**

**JUDGE(S) : Dr. Sirisha Senthil**

**JUDGE(S) : Dr. Surinder S Pandav**

**JUDGE(S) : Dr. Vasudha Damle**

ABS. NO	TITLE	PRESENTING AUTHOR(S)
EP2	Architects of Ocular Integrity: Scleral Patch Grafts in Bleb Leak Repair	Dr. Srujana Lingala
EP5	Nail Patella Syndrome and Glaucoma: A Case Report and Review of Literature	Dr. Nirati Srivastava
EP8	The Pressure Within: Delayed-Onset Carotid-Cavernous Fistula with Glaucoma	Dr. Sagarika Snehi
FP9	Post-Traumatic Iris Cyst: A Case Series	Dr. Prasanna Venkataraman
EP13	When Blebs Don't Need Mitomycin! A Case Series of Iatrogenic Blebs	Dr. Yamini K
EP15	High Patient Acceptability of MRF Online Perimetry Across Literacy Levels in a Screening Program	Prof. Yu Xiang (George), Kong
EP18	Two Eyes, Two Surgeries-One Clear Choice: Patient Preference between MIGS and Trabeculectomy	Dr. Shikha Suresh
EP19	One Drug –Two Outcomes : The Janus Faces of Acetazolamide	Dr. Bindu S Ajith
EP21	"Silent Threat: Bilateral Angle Recession in a Young Adult following Blunt Trauma"	Dr. Monika Arora
EP23	Not all Angle Closures are Alike: A Hidden Effusion in Nanophthalmos	Dr. Tosha Gujarathi
EP25	Spontaneously Arrested Primary Congenital Glaucoma	Dr. Priyasha Goel
EP29	A Case of Recurrent Bilateral Hyphema Post Kahook'S Goniotomy in a Patient with Blood Dyscrasia	Dr. Archana S
EP30	Sleep, Plaques and Pressure: Stabilizing NTG with Systemic Intervention	Dr. Lipsa Sahu
EP32	When the Obtruder Visits Early	Dr. Nimmy George
EP33	Bilateral Congenital Ectropion Uveae with Unilateral Glaucoma in Two Siblings	Dr. Deepa Ramamoorthy



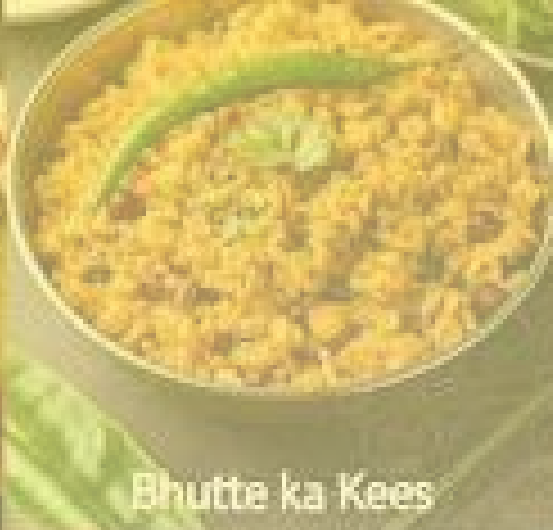
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INAUGURATION**



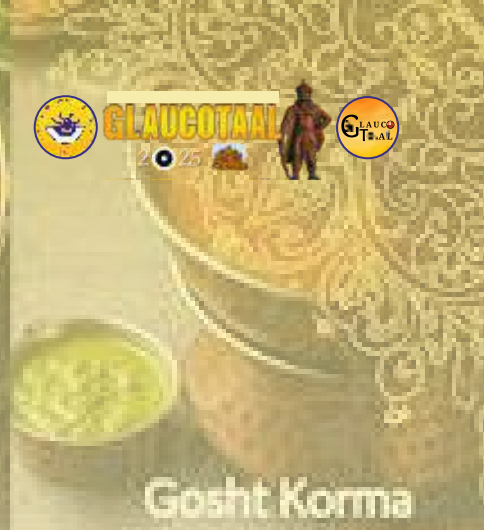




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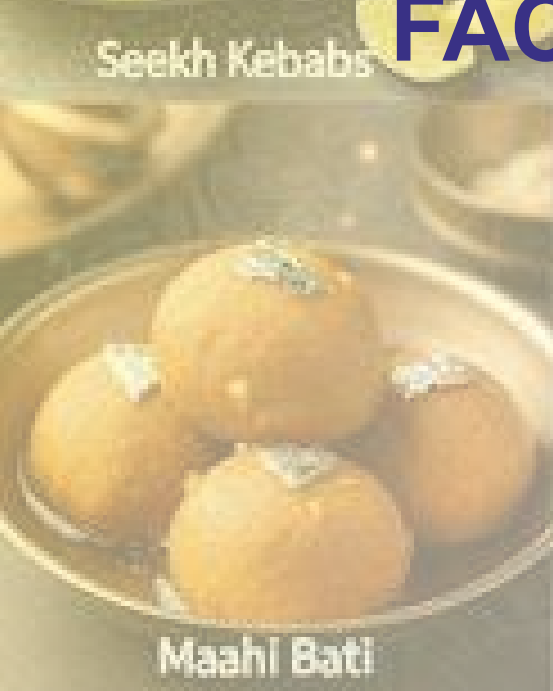
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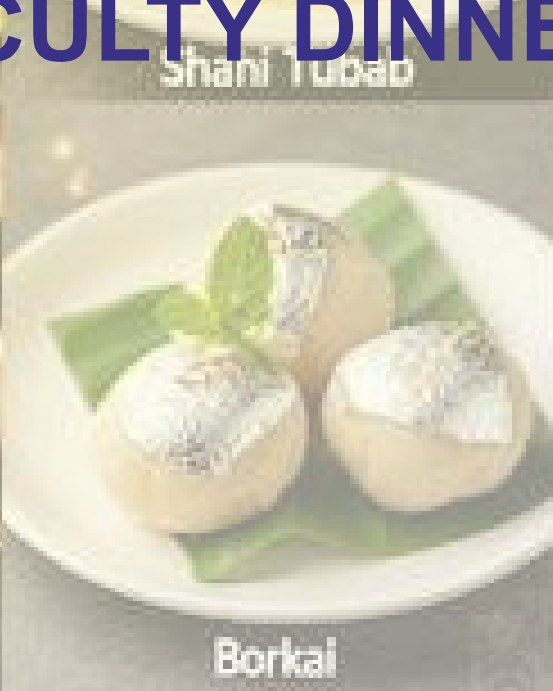
Shahi Tukda



Shahi Tukda



Maahi Bati



Borkai



Bhopali Paal



**07.01 PM ONWARDS**  
**ADVISORY BOARD MEETING**  
**&**  
**FACULTY DINNER**

**DAY - 2**

**13<sup>th</sup> September, 2025**





## PHYSICAL POSTER(S) - II

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : Physical Poster Area**

**TIME : 08.30 AM - 09.00 AM**

**JUDGE(S) : Dr. Aditi Dubey**

**JUDGE(S) : Dr. Sirisha Senthil**

**JUDGE(S) : Dr. Surinder S Pandav**

ABS. NO	TITLE	PRESENTING AUTHOR(S)
EP34	Early Onset, Lifelong Impact: Juvenile Open Angle Glaucoma - A Case Series	Dr. Saritha Valsala Krishnankutty
EP36	Analysis of Foveal Avascular Zone Parameters in Relation to Glaucoma Severity	Dr. Niya Babu
EP38	Outcomes of Pars Plana Placement of Aurolab Aqueous Drainage Implant in Neovascular Glaucoma	Dr. Shivam Gupta
EP42	Bak-Free Latanoprost with SMM Technology: Efficacy, Safety, and Ocular Surface Benefits	Dr. Shilpa
EP43	Surgical Repair of an Over-Filtering Bleb with a Novel Adjunct Protective Membrane	Dr. Nischala Balakrishna
EP45	Glaucoma Screening in Cataract Patients using Remidio Camera: Reducing Dependence on Ophthalmologists	Dr. Niyatee Uniyal
EP47	Unveiling the Uncommon: A Rare Case of Peter's Plus	Dr. Anugya Sharma
EP48	When the Bleb Betrays : Fungal Blebitis Post Trabeculectomy in Advanced PACG	Dr. Pooja Dash
EP50	Assessment of Severity of Adult Glaucoma using Sparcs & its Correlation with RNFL & Visual Fields	Prof. Kavita R Bhatnagar
EP51	Impact of Glaucoma on Quality of Life in Indian Patients: A Literature Review	Dr. Mansi Johri
EP55	Bilateral Glaucoma in Klippel-Trenaunay Syndrome: Rare Ophthalmic Manifestation of Phacomatosis	Dr. Rashmi Chandra
EP58	An Interesting Case of Co-Existing Phacomatosis with Secondary Glaucoma!	Dr. Rajat Mohan Srivastava
EP59	Presentation and Management of Patients with Microspherophakia	Dr. Nidhi Tomar
EP60	Outcomes of High Dose MMC (40Mg) Augmented Bleb Needling after Failed/Failing Filtering Procedures	Dr. Madhavi Ramanatha Pillai
EP61	Smartphone Applications for Glaucoma Patients and the Visually Impaired	Dr. Megha G

# PHARMACO THERAPEUTICS & COMPLIANCE

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : A**

**TIME : 08.30 AM - 10.00 AM**

**CHAIRPERSON : Dr. Jaya Chandra Das**

**CO - CHAIRPERSON : Dr. Maitreyee Das**

**MODERATOR : Dr. Roopali Nerlikar**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Drug Dynamics in Glaucoma: Absorption, Distribution, Metabolism and Excretion (PKPD)	13 Minutes	Dr. Vel Pandian T
2	Therapeutic Approach in POAG and PACG	10 Minutes	Dr. Prafulla Sharma
3	Concomitant Vs Combination - How & When?	10 Minutes	Dr. Priti Kamdar
4	MMT: Stretching the Limits before Intervention	10 Minutes	Dr. Ajai Agarwal
5	Compliance & Enhancing Combo	10 Minutes	Dr. Murali Ariga
6	Novel Glaucoma Therapeutics: From Bench to Bedside	10 Minutes	Dr. Suneeta Dubey
	Slido by (Dr. Murali Ariga), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	02 Minutes	



# LASERS IN GLAUCOMA

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : B**

**TIME : 08.30 AM - 10.00 AM**

**CHAIRPERSON : Dr. U.S. Tiwari**  
**CO - CHAIRPERSON : Dr. Jatinder Singh Bhalla**  
**MODERATOR : Dr. Deven Tuli**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Role of Nd:YAG and Argon in Angle Closure Spectrum	10 Minutes	Dr. Abhijeet A Tagare
2	Selective Laser Trabeculoplasty: Where we are and What's Next	10 Minutes	Dr. Neethu Mohan
3	ECP: Redefining Cycloablation	10 Minutes	Dr. Prasanna Venkatesh Ramesh
4	Transscleral Cyclophotocoagulation & Micropulse	10 Minutes	Dr. Rita Dhamankar
5	In Situ Keratomileusis and Glaucoma	10 Minutes	Dr. Nitin Deshpande
6	Argon Laser Suturolysis, Peripheral Iridoplasty, Goniosynecheolysis	10 Minutes	Dr. Arijit Mitra
	Slido by (Dr. Arijit Mitra), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	





# OHT, SUSPECT, NTG

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : C**

**TIME : 08.30 AM - 10.00 AM**

**CHAIRPERSON : Dr. Barun Kumar Nayak**

**CO - CHAIRPERSON : Dr. Manju R Pillai**

**MODERATOR : Dr. Sumit Choudhury**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	CCT & Corneal Hysteresis - Diagnostic and Therapeutic Values	10 Minutes	Dr. Ajeet Kumar Dwivedi
2	Approaching Glaucoma Suspect	10 Minutes	Dr. Gursatindar Singh
3	OHT – When to Treat When Not to Treat	10 Minutes	Dr. Barun Kumar Nayak
4	NTG Beyond Pressure: Integrating Non-IOP Factors, Diagnostic Tools and Therapeutic Strategies	10 Minutes	Dr. Harsh Kumar
5	ERG as a Functional Biomarker in Pre-Structural Diagnostics	10 Minutes	Dr. Mona Khurana
6	Assessing and Understanding the Progression of NTG	10 Minutes	Dr. Subashini Kaliaperumal
	Slido by (Dr. Subashini Kaliaperumal), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## FREE VIDEO - II

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : D**

**TIME : 09.00 AM - 10.00 AM**

**JUDGE(S) : Dr. Sagarika Patyal**

**JUDGE(S) : Dr. Samta Patel**

**JUDGE(S) : Dr. Shefali Parikh**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
VT27	Secondary Angle Closure Glaucoma – When PI is Not the Answer	06 Minutes	Dr. Sahiti Puttagunta
VT31	Rescuing the failing bleb: Mastering the art of bleb needling	06 Minutes	Dr. Shivam Gupta
VT33	Flap it right	06 Minutes	Dr. Anjali Mahesh Wadhwa
VT36	A novel adjunct Autograft tissue to rescue an overfiltering bleb	06 Minutes	Dr. Meena Menon
VT38	AGV Implantation in Severe Ocular Cicatrization: Managing Drug-Induced Pseudopemphigoid	06 Minutes	Dr. Niyatee Uniyal
VT42	Thrice Exposed, Not Disposed: Salvaging a Glaucoma Implant after Recurrent Tube Erosions	06 Minutes	Dr. Sirisha Senthil
VT47	Illuminating the angle, enhancing precision – Navigating MIGS with Swept source AS -OCT	06 Minutes	Dr. Madhavi Ramanatha Pillai
VT50	Rescue Mission - “MIGS unlocked in complex glaucoma management”	06 Minutes	Dr. Devendra Maheshwari
VT51	Phaco with modified NPDS using Sub-Flap Mattress suture - An Economic and effective step	06 Minutes	Dr. Rakesh Shakya



**10.01 AM – 10.30 AM**  
**Dr. N.N SOOD ORATION**

**10.31 AM – 10.45 AM**  
**BREAK**





# WORLD GLAUCOMA CONNECT

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : A**

**TIME : 10.46 AM - 12.15 PM**

**CHAIRPERSON : Dr. Arvind Neelakantan**

**CO - CHAIRPERSON : Dr. Manish Shantilal Shah**

**MODERATOR : Dr. Arun Kumar Narayanswamy**

**PANELISTS : Dr. Rengaraj Venkatesh, Dr. Sathyan Parthasarathi  
Dr. Tanuj Dada**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	How to best-fit MIGS options based on patient profile	13 Minutes	Dr. Bryan Ang
2	Paul Glaucoma Implant: Overview of Design, Surgical Technique and Long-term Outcomes	13 Minutes	Dr. Victor Koh
3	Role of Polygenic Risk Scoring in Glaucoma	13 Minutes	Dr. Monisha Nongpiur
4	Pearls for Performing a Successful Tube Surgery	13 Minutes	Dr. Arvind Neelakantan
5	Direct Selective Laser Trabeculoplasty : Technology Update	10 Minutes	Dr. Arun Kumar Narayanswamy
	Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	03 Minutes	



# THE BLIND STOPPER

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : B**

**TIME : 10.46 AM - 12.15 PM**

**CHAIRPERSON : Dr. Rajul S. Parikh**  
**CO - CHAIRPERSON : Dr. Thomas George**  
**MODERATOR : Dr. Sachin Dharwadkar**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Effective Follow-up Strategy for a Patient with Early POAG	10 Minutes	Dr. Thomas George
2	Effective Follow-up Strategy for a Patient with Moderate to Advanced POAG	10 Minutes	Dr. Jatinder Singh Bhalla
3	Effective Follow-up Strategy for a Patient with Progressive NTG	10 Minutes	Dr. Jaya Chandra Das
4	Follow-up Strategies for Patients with Sub-types of Glaucoma (PACG)	10 Minutes	Dr. Rajul S. Parikh
5	Follow-up Strategies for Patients with Sub-types of Glaucoma (PXFG)	10 Minutes	Dr. Ramanjit Sihota
6	AI for Assessing Glaucoma Progression and Better Predicting Progression	10 Minutes	Dr. Digvijay Singh
	Slido by (Dr. Sachin Dharwadkar), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## SECONDARY GLAUCOMAS - GRIPPING THE GRUESOME

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : C**

**TIME : 10.46 AM - 12.15 PM**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Demystifying the Cloudy Cornea Post Transplant and Refractive Surgery	08 Minutes	Dr. Chandrima Paul
2	Uveitic Glaucoma: Building the Firewall	08 Minutes	Dr. Purvi Bhagat
3	Lens Induced Glaucoma : Proceed Judiciously	08 Minutes	Dr. Shweta Tripathi
4	Neovascular Glaucoma: Facing the Challenge	08 Minutes	Dr. Dewang Angmo
5	Glaucoma after Buckle, Silicon Oil, Gas and Intravitreal Injections: Part of the Give and Take	08 Minutes	Dr. Sharmila R
	Discussion and Q & A	15 Minutes	





## FREE PAPER - II

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : D**

**TIME : 10.46 AM - 11.45 AM**

**JUDGE(S) : Dr. Asgar Hussain Naqvi Syed**

**JUDGE(S) : Dr. Rohan Jain**

**JUDGE(S) : Dr. U S Tiwari**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
FP62	Temporal macular RNFL thresholds predict central vision loss in POAG on SD-OCT	06 Minutes	Dr. Sneha Rathod
FP66	Impact of Glaucoma on Binocular Visual Acuity Summation at Low and High Contrast	06 Minutes	Dr. Vidhya Verma
FP67	Outcomes of Kahook Dual Blade goniectomy on intraocular pressure	06 Minutes	Dr. Shubhra Alankrita Lakra
FP69	My MIGS Journey: From a Rookie to a Confident Surgeon!	06 Minutes	Dr. Aditi Arvind Kochar
FP70	Comparative Study of Bent Angle Needle Goniectomy (BANG) & Kahook Dual Blade in POAG	06 Minutes	Dr. Shalini Mohan
FP71	Assessment of glaucoma related patient education resources in social media of eye hospitals	06 Minutes	Dr. Geethu Gopakumar
FP83	From Genes to Globe: Understanding the IOP Paradox of Hypotony and Glaucoma in Traboulsi Syndrome	06 Minutes	Dr. Indu Pavani Velamala
FP93	Genotype-Phenotype Correlation in Primary Congenital Glaucoma : WES Insights from North India	06 Minutes	Dr. Vyshak A S
FP98	Preliminary comparison of two automated perimetry alpha prototypes with HFA in normal and glaucoma	06 Minutes	Dr. Geeta Behera



# TRABECULAR MIGS : NAVIGATING THE PATHWAY

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : A**

**TIME : 12.16 PM - 01.15 PM**

**CHAIRPERSON : Dr. Tanuj Dada**  
**CO - CHAIRPERSON : Dr. Kavitha Srinivasan**  
**MODERATOR : Dr. Sirish Nelivigi**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Stent Me – Istent InjectW	10 Minutes	Dr. Murali Ariga
2	Negotiating your Suture - S GATT	07 Minutes	Dr. Mohideen Abdul Kader
3	The Double Blade - KDB	07 Minutes	Dr. Sathyan Parthasarathi
4	Sliding My Needle - BANG	07 Minutes	Dr. Shweta Tripathi
5	Coming Soon – India Entry MIGS	07 Minutes	Dr. Ankur Sinha
	Slido by (Dr. Shweta Tripathi), Discussion and Q & A	20 Minutes	
	Session Group Photo & Change Over Time	02 Minutes	



# OPEN YOUR EYES TO ANGLE CLOSURE - A COMPLETE GUIDE ON THE LATEST EVIDENCE

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : B**

**TIME : 12.16 PM - 01.15 PM**

**CHAIRPERSON : Dr. Sirisha Senthil**

**MODERATOR : Dr. Arijit Mitra**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Consciously Conservative: Indications & Technique of YAG PI & Iridoplasty	07 Minutes	Dr. Arijit Mitra
2	Unravelling the Mystery: ASOCT, UBM & Advances in Imaging	07 Minutes	Dr. Arun Kumar Narayanswamy
3	Eagle Eyes: Role of Lens & Lens Extraction in Angle Closure	07 Minutes	Dr. Mona Khurana
4	Approach with Caution: Trabeculectomy in Angle Closure- Indications, Precautions	07 Minutes	Dr. Sirisha Senthil
5	Crisis Management: Management of Acute PAC & MIGS in Angle Closure- Indications & Results	12 Minutes	Dr. Siddharth Dikshit
	Discussion and Q & A	15 Minutes	





# GLAUCOMA SCREENING

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : C**

**TIME : 12.16 PM - 01.15 PM**

**CHAIRPERSON : Dr. Rengaraj Venkatesh**

**CO - CHAIRPERSON : Dr. Ajitha Sasidharan**

**MODERATOR : Dr. John Davis Akkara**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Smart Portable Screening	08 Minutes	Dr. Suresh Kumar Gupta
2	AI for Glaucoma Screening	08 Minutes	Dr. Asgar Hussain Naqvi Syed
3	Teleophthalmology for Glaucoma Screening	08 Minutes	Dr. Neethu Mohan
4	How will AI Leverage the Power of Genomics	08 Minutes	Dr. Gowri J Murthy
	Slido by (Dr. Neethu Mohan) Discussion and Q & A	23 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## Dr. B. SRIDHAR RAO AWARD

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : D**

**TIME : 11.46 AM - 12.45 PM**

**JUDGE(S) : Dr. Chitra Ramamurthy**

**JUDGE(S) : Dr. Lingam Vijaya**

**JUDGE(S) : Dr. Shantha Balekudaru**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
FP8	Assessment of Contrast Sensitivity Using Sparcs in Glaucoma Disc Suspect and Early Glaucoma Patients	08 Minutes	Dr. S Vasanthi
FP11	In vivo evaluation of anatomical variations of the Schlemm's canal in healthy and glaucomatous eyes	08 Minutes	Dr. Arnav Panigrahi
FP53	Effects of Long Term Topical Antiglaucoma Medications on Dry Eye Syndrome	08 Minutes	Dr. Nimmy George
FP73	Modulation of conjunctival lymphatics with retinoic acid and VEGF-C in rat model glaucoma surgery	08 Minutes	Dr. Rhea Bharti
FP85	Intraocular tumours and Secondary glaucoma: A review of 2705 patients	08 Minutes	Dr. Indu Pavani Velamala
FP104	Genotype-Phenotype Correlation in CYP1B1 - Primary Congenital Glaucoma: Insights from South India	08 Minutes	Dr. Gowri Pratinya Kolipaka
FP115	Online Circular Contrast Perimetry: A User-Friendly Alternative to Standard Automated Perimetry	08 Minutes	Dr. Sahiti Puttagunta



## FREE VIDEO - III

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : D**

**TIME : 01.31 PM - 02.30 PM**

**JUDGE(S) : Dr. Madhulika**  
**JUDGE(S) : Dr. Pankaj Bendale**  
**JUDGE(S) : Dr. Tirupati Nath**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
VT52	A (B-Interno Trabeculotomy) B (Lue dye injection) C (AS-OCT) for MIGS	06 Minutes	Dr. Nimrita Gyanchand Nagdev
VT54	Bubble it up	06 Minutes	Dr. Shahinur Tayab
VT55	Healing from Within: Autologous Serum Eyedrops for Ocular Surface Recovery	06 Minutes	Dr. Gowri Pratinia Kolipaka
VT57	Tackling Late Postoperative Hypotony after Non-Valved Glaucoma Drainage Device Implantation	06 Minutes	Dr. Madhuri M.B
VT59	Beginner's Walkthrough: Ahmed Glaucoma Valve Implantation Simplified	06 Minutes	Dr. Pankaj Bendale
VT61	Successful repair of a damaged scleral flap with a partial-thickness scleral patch	06 Minutes	Dr. Geeta Behera
VT64	Ahmed glaucoma valve tube entry - planned into anterior chamber ... landed in sulcus ... What Next?	06 Minutes	Dr. Vijaya Lakshmi Alle
VT65	Ultrasound Biomicroscopy – Demystifying glaucoma in children	06 Minutes	Dr. Divya Shetty
VT73	A tale of tumbled IStent and its retrieval	06 Minutes	Dr. Srishti Agarwal







**GLAUCOTAAL**  
2025



**HALL A To C -  
LUNCH SYMPOSIUM  
BY ABBVIE  
1.16 PM - 2.00 PM**

**HALL D - LUNCH  
12.46 PM - 01.30 PM**



# Abbvie Glaucoma Lunch Symposium: “Personalized Approaches and Advances in Glaucoma Management”

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : A**

**TIME : 01.18 PM – 01.58 PM**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Glaucoma: More Than Meets the Eye	10 Minutes	Dr. Harsh Kumar
2	Innovations in Glaucoma Research	10 Minutes	Dr. Sathi Devi
3	Personalized Strategies to Elevate Glaucoma Standards of Care	10 Minutes	Dr. Manish Shah
	Q & A / Discussion	10 Minutes	All



## VAST - II

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : A**

**TIME : 02.01 PM – 03.30 PM**

**PANELISTS : Dr. Arvind Neelakantan  
Dr. Krishnadas S R  
Dr. Manish Shantilal Shah**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Sutureless Phaco Trab	03 Minutes	Dr. Prof. Sheikh Sajjad Ahmed
2	Scleral Flap – Different Shapes & Different Techniques	03 Minutes	Dr. Vinita Gupta
3	EUA in Congenital Glaucoma	03 Minutes	Dr. Sirisha Senthil
4	Releasable Suture Techniques	03 Minutes	Dr. Rita Dhamankar
5	CD Drainage & AC Reformation	03 Minutes	Dr. Thomas George
6	Trabeculotomy & Trabeculectomy	03 Minutes	Dr. Viney Gupta
7	Bleb Leak – Identifying & Managing	03 Minutes	Dr. Jatinder Singh Bhalla
8	Lost & Found – Torn Microcatheter	03 Minutes	Dr. Anil Kumar Mandal
9	SICS Trab	03 Minutes	Dr. Annamalai Odayappan





S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
10	Bleb Manipulations – Massage, Releasable Suture Release, Laser Suturolysis	03 Minutes	Dr. George Puthuran
11	Bleb Needling – 5 FU / MMC / Anti VEGF	03 Minutes	Dr. Arijit Mitra
12	Repeat Trab	03 Minutes	Dr. Surinder S Pandav
13	Surgical PI	03 Minutes	Dr. Neethu Mohan
14	Omniflow Implant	03 Minutes	Dr. Piyush Jansari
15	Cyclodialysis – Cleft Repair	03 Minutes	Dr. Mohideen Abdul Kader
16	MIGS in PACG	03 Minutes	Dr. Kirti Singh
17	I Stent / Hydrus Implant	03 Minutes	Dr. Arvind Neelakantan
18	Ahmed Clear Path	03 Minutes	Dr. Maneesh Singh
19	KDB	03 Minutes	Dr. Vanita Pathak Ray
20	LAN – Microhook & BANG	03 Minutes	Dr. Amit Porwal
21	Small Pupil – How Do I Manage	03 Minutes	Dr. Chandrima Paul
22	Tube Occlusion, Fenestration & Anchoring – AADI	03 Minutes	Dr. George Puthuran
23	Phaco in Shallow AC	03 Minutes	Dr. Sathian Nagamalai
24	AGV Complications	03 Minutes	Dr. Abhijeet A Tagare
25	Phaco Plus in Acute Attack	03 Minutes	Dr. Mohideen Abdul Kader
26	Post Trab Shallow AC - Management	03 Minutes	Dr. Manav Deep Singh



# SURGICAL MANAGEMENT - I

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : B**

**TIME : 02.01 PM – 03.30 PM**

**CHAIRPERSON : Dr. Mayuri Khamar**  
**CO - CHAIRPERSON : Dr. Raveendra Tammineni**  
**MODERATOR : Dr. Sagarika Patyal**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Surgical Options in Primary Glaucoma – Indications, Precautions & Documentation	10 Minutes	Dr. Bindu S Ajith
2	Trabeculectomy - Step by Step Approach	10 Minutes	Dr. Mayuri Khamar
3	Use of Adjuncts, Tips and Tricks - Mitomycin C, 5FU Preparation, Application & Tackling its Menace	10 Minutes	Dr. Chockalingam M
4	Addressing Shallow Chambers - Early and Late Post Trabeculectomy	10 Minutes	Dr. Shailesh Gadaginamath
5	How did I Manage my Intra Operative Complications	10 Minutes	Dr. Ajitha Sasidharan
6	Managing the Bad Bleb	10 Minutes	Dr. Dewang Angmo
	Slido by (Dr. Dewang Angmo), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## SECONDARY GLAUCOMA DEMYSTIFIED- EXPERT INSIGHTS ON COMPLEX CASES

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : C**

**TIME : 02.01 PM – 03.30 PM**

**CHAIRPERSON : Dr. Lingam Vijaya**  
**CO - CHAIRPERSON : Dr. Shantha Balekudaru**  
**MODERATOR : Dr. Mona Khurana**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Unraveling Complex Cases in Pigmentary and Pseudoexfoliation Glaucomas	07 Minutes	Dr. Smita Panda
2	Beyond the Cataract: Expert Approaches to Complex Lens-Related Glaucoma	07 Minutes	Dr. Kavitha Srinivasan
3	Handling the Highs and Lows of Uveitic Glaucoma	07 Minutes	Dr. Shantha Balekudaru
4	Neovascular Glaucoma- Tackling Challenges and Optimising Outcomes	07 Minutes	Dr. Mona Khurana
5	Vitreoretinal Surgery - Oil, Gas, Glaucoma and More	07 Minutes	Dr. Sushma Tejwani
	Discussion and Q & A	25 Minutes	





## FREE PAPER - III

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : D**

**TIME : 02.31 PM - 03.30 PM**

**JUDGE(S) : Dr. Rakesh Shakya**  
**JUDGE(S) : Dr. Subhash Prasad**  
**JUDGE(S) : Dr. Suresh Kumar Gupta**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
FP100	Make GATT Multifaceted with ACM: From a Money-saver to an eye-saver	06 Minutes	Dr. Yashas Goyal
FP102	Two-year outcomes of combined phacoemulsification & Ab interno Tanito microhook trabeculotomy in OAG	06 Minutes	Dr. Devendra Maheshwari
FP105	CYP1B1-Related Neonatal Glaucoma with Keratopathy: Genotypes and Management Outcomes	06 Minutes	Dr. Gowri Pratinya Kolipaka
FP106	Artificial intelligence to predict sensitivity of diagnostic parameters for early glaucoma	06 Minutes	Dr. Ankit Arvindbhai Shah
FP108	Long-term outcomes of Ahmed Glaucoma valve in ciliary sulcus in refractory glaucomas of Indian Eyes	06 Minutes	Dr. Gazella Bruce Warjri
FP110	2-year outcomes of Gonioscopy-Assisted Transluminal Trabeculotomy (GATT) in Pediatric Glaucoma	06 Minutes	Dr. Anchal Gera
FP113	Minimally Invasive Glaucoma Surgery (MIGS) as a procedure after failed filtration surgery	06 Minutes	Dr. Amit Pandey
FP117	Outcomes of viscoelastic agent fill at the end of AGV implantation – a case- control study	06 Minutes	Dr. Amit Bidasaria
FP126	Role of IL-6/STAT3 in Immunological Homeostasis of Glaucomatous Irises and Filtering Bleb Outcomes	06 Minutes	Dr. Suneeta Dubey



# GLAUCOTAAL SURGICAL MATRIX

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : A**

**TIME : 03.31 PM – 04.30 PM**

**ANCHOR(S) 1 : Dr. Murali Ariga**

**ANCHOR(S) 2 : Dr. Neha Midha**

**ANCHOR(S) 3 : Dr. Rashmi Krishnamurthy**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Case Disussion	55 Minutes	Dr. Barun Kumar Nayak
			Dr. Dipanjan Pal
			Dr. Harsh Kumar
			Dr. Kiran Gopalakrishnan
			Dr. Manav Deep Singh
			Dr. Maneesh Singh
			Dr. Ramanjit Sihota
			Dr. Sharmila R
9	Session Group Photo & Change Over Time	05 Minutes	



# 

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : B**

**TIME : 03.31 PM – 04.30 PM**

**DISCUSSANTS** : Dr. Chandrima Paul, Dr. Kavitha Srinivasan,  
Dr. Mayuri Khamar, Dr. Rajul S. Parikh,  
Dr. Rengaraj Venkatesh

**PANELISTS** : Dr. Lingam Vijaya , Dr. Jaya Chandra Das,  
Dr. Vinay Nangia, Dr. Krishnadas S.R,  
Dr. Devindra Sood

TOPIC	TOTAL DURATION (IN MINUTES)
Discussion	55 Minutes
Session Group Photo & Change Over Time	05 Minutes





# LIFESTYLE AND DIET IN GLAUCOMA : MODIFYING RISK AND SLOWING PROGRESSION

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : C**

**TIME : 03.31 PM – 04.30 PM**

**CHAIRPERSON : Dr. Madhu Bhadauria**

**CO - CHAIRPERSON : Dr. Col Aditi Dusaj**

**MODERATOR : Dr. Sushmita Kaushik**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Metabolic Effects of Active Exercise in Glaucoma: Beyond Movement as an Alternative Therapy	08 Minutes	Dr. Surinder S Pandav
2	Role of Diet & Fasting in Glaucoma: Modifying Risk and Supporting Optic Nerve Health	08 Minutes	Dr. Geeta Behera
3	Mindfulness Matters: Stress Reduction & Glaucoma	08 Minutes	Dr. Nitika Beri
4	Modifying SLEEP-AP in Glaucoma	08 Minutes	Dr. Sunil Gupta
5	Medications: Are GLP-1 Receptor Agonists Beneficial in Glaucoma?	08 Minutes	Dr. Sushmita Kaushik
6	Slido by (Dr. Geeta Behera), Discussion and Q & A	15 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## PHOTO TALK - II

**DATE : 13<sup>th</sup> September, 2025**

**DAY : 2 (Saturday)**

**HALL : D**

**TIME : 03.31 PM – 04.30 PM**

**JUDGE(S) : Dr. Prafulla Sarma**

**JUDGE(S) : Dr. Purvi Bhagat**

**JUDGE(S) : Dr. Shashi Jain**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
PT25	Bubble in Bubble	03 Minutes	Dr. Niharika Chaurasia
PT26	Peaking through the Pupil - The Iris Bridge of Axenfeld-Rieger Anomaly	03 Minutes	Dr. Abhay Anand Gupta
PT27	The Bleeding Angle: A Silent Clue to a Common Syndrome	03 Minutes	Dr. Saroj Gupta
PT28	The Spherical Lens Trap : Tackling pressure in microspherophakia	03 Minutes	Dr. Kainat Chaudhary
PT29	"Epicapsular Star: A Vestigial Remnant of the Tunica Vasculosa Lentis"	03 Minutes	Dr. Ravi Kumar
PT30	"ICE Syndrome: A Spectrum of Primary Iridocorneal Endothelial Disorders with Progressive Pathology"	03 Minutes	Dr. Ravi Kumar



ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
PT31	Sneak Peak : Rigid IOL Haptic in the Angle	03 Minutes	Dr. Shivani Dixit
PT32	The Oil Trail	03 Minutes	Dr. Nusrath Parambil
PT33	Disc Deception: Unmasking Retinal Dystrophy Behind Apparent Peri-papillary atrophy	03 Minutes	Dr. Gowri Pratinia Kolipaka
PT34	The Silent Swirl: Whorl Keratopathy from Chronic Anti-Glaucoma Medications use	03 Minutes	Dr. Gowri Pratinia Kolipaka
PT35	'Glaucoma – The Silent Thief of Sight'.	03 Minutes	Dr. Niyatee Uniyal
PT36	Bleb leak-AS OCT catches the hole	03 Minutes	Dr. Niya Babu
PT37	Shadows in the Aqueous: Look Beyond the Eye	03 Minutes	Dr. Sahiti Puttagunta
PT38	Full moon in the eye – When zonules speak up, the diagnosis	03 Minutes	Dr. Sahiti Puttagunta
PT39	“TOUCH-ME-NOT”	03 Minutes	Dr. Meena Menon
PT40	Glaucoma following whole lens-bag complex dislocated into anterior chamber	03 Minutes	Dr. Techii Dodum Tara
PT41	Eye; the window of body in post AGV implantation	03 Minutes	Dr. Techii Dodum Tara
PT42	“Unlock and unblock “- A case of Peter’s anomaly treated with surgical iridectomy	03 Minutes	Dr. Madhavi Ramanatha Pillai






# THE DOUBLE QUIZ

4.31 PM - 05.45 PM

## HALL B



**GBM**  
**6.00 PM - 6.45 PM**  
**HALL B**



General body  
meeting





GLAUCOTAAL  
2025



# VIVIDHA EVENING INTERACTIVE SESSION 07.00 PM ONWARDS





**DAY - 3**  
**14<sup>th</sup> September, 2025**



# UNDERSTANDING THE NVG

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : A**

**TIME : 08.30 AM – 09.30 AM**

**CHAIRPERSON : Dr. Viney Gupta**  
**CO - CHAIRPERSON : Dr. Vanita Pathak Ray**  
**MODERATOR : Dr. Suresh Kumar Gupta**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Etiopathological Atlas - Key Concepts	06 Minutes	Dr. Sirish Nelivigi
2	Causal Factors and Investigations	06 Minutes	Dr. Subhash Prasad
3	Clinical Presentation and Diagnostic Clues	06 Minutes	Dr. Jeyalakshmi Govindan
4	Topical Medications and Anti VEGF : Lowering IOP and Reducing VEGF	06 Minutes	Dr. Sagarika Patyal
5	Laser and Surgical Interventions for NVG	06 Minutes	Dr. Maneesh Singh
6	NVG Cases	09 Minutes	Dr. Chitra Ramamurthy
	Discussion and Q & A	18 Minutes	
	Session Group Photo & Change Over Time	03 Minutes	



# LIVING WITH GLAUCOMA

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : B**

**TIME : 08.30 AM – 09.30 AM**

**CHAIRPERSON : Dr. Manav Deep Singh**

**CO - CHAIRPERSON : Dr. Priti Kamdar**

**MODERATOR : Dr. Rita Dhamankar**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Lenses of Adaptation (Glass Prescription in Glaucoma)	07 Minutes	Dr. Maitreyee Das
2	Fading Focus (Low Vision)	07 Minutes	Dr. Anil Kumar Mandal
3	Mindscape (Depression & Anxiety)	09 Minutes	Dr. Deven Tuli
4	Reading, Walking, Talking, Driving & Dependency	09 Minutes	Dr. Vinita Ramnani
5	Financial & Legal Considerations	07 Minutes	Dr. Kirti Singh
	Slido by (Dr. Priti Kamdar), Discussion and Q & A	18 Minutes	
	Session Group Photo & Change Over Time	03 Minutes	





## “NEXT GEN GSI” – A LAUNCH PAD FOR YOUNG GLAUCOMATOLOGISTS

**DATE : 14<sup>th</sup> September, 2025**  
**DAY : 3 (Sunday)**  
**HALL : C**  
**TIME : 08.30 AM – 09.30 AM**

**CHAIRPERSON : Dr. Vineet Sehgal**  
**CO - CHAIRPERSON : Dr. Talvir Sidhu**  
**MODERATOR(S) : Dr. Amit Pandey & Dr. Prasanna Venkatesh Ramesh**  
**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	My First Glaucoma Surgery: How to Prepare, Perform, and Progress	06 Minutes	Dr. Shivani Dixit
2	Building Your Glaucoma Career: Fellowship, Mentors & More	06 Minutes	Dr. Arshi Singh
3	"Innovate or Stagnate: How to go beyond your call?"	06 Minutes	Dr. Shivam Gupta
4	" From Clinic to Citation: Publishing Your Glaucoma Journey"	06 Minutes	Dr. Megha G
5	"Trend Watch: What's New and What's Next in Glaucoma?"	06 Minutes	Dr. Varsha G Belamgi
6	"From Poster to Podium: Winning Big on the Global Glaucoma Stage"	06 Minutes	Dr. Neha Midha
7	"Fly High: A Young Ophthalmologist's Guide to Travel Grants & Global Exposure"	06 Minutes	Dr. Madhavi R Pillai
8	"Aqueous Angiography"	06 Minutes	Dr. Nitika Beri
	Slido, Discussion and Q & A	10 Minutes	
	Session Group Photo & Change Over Time	02 Minutes	



## FREE PAPER FINALS

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : D**

**TIME : 08.30 AM – 09.30 AM**

**JUDGE(S) : Dr. Amit Porwal**

**JUDGE(S) : Dr. Chandrima Paul**

**JUDGE(S) : Dr. Surajit Chakrabarti**





# TUBES A: TOUGH JOB

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : A**

**TIME : 09.31 AM – 11.00 AM**

**CHAIRPERSON : Dr. George Puthuran**

**CO - CHAIRPERSON : Dr. Vinita Ramnani**

**MODERATOR(S) : Dr. Tirupati Nath**

**PANELISTS : All**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Doing your Tube Right (AGV)	10 Minutes	Dr. George Puthuran
2	Limited Space up Front (Situation in Shallow AC)	10 Minutes	Dr. Vanita Pathak Ray
3	Lack of Conjunctival Real Estate ( SJS, OCP, Extremely Scarred Conjunctiva)	10 Minutes	Dr. Manish Panday
4	Pre-Existing Hardware: Eyes with Encircling Band / Scleral Buckle	10 Minutes	Dr. George Puthuran
5	Tubes with Boston Kpro - Where Do I Put It & How Do I Monitor?	10 Minutes	Dr. Rashmi Krishnamurthy
6	Options After Tube Failure	10 Minutes	Dr. Tirupati Nath
	Slido by (Dr. George Puthuran), Discussion and Q & A	25 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	





## GSi DEBATE & GLAUCOMA MEDICAL AUDIT

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : B**

**TIME : 09.31 AM – 11.00 AM**

**JUDGE(S) : Dr. Arvind Neelakantan  
Dr. Vinay Nangia**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	(i) On Two Medications – Not Achieved Target IOP. Add Medication (ii) On Two Medications – Not Achieved Target IOP. Go For Surgery	3 minutes for each presentation + 90 sec Rebuttal, 2 minutes for Judgement. So, for each title total time is 10 Min	(i) Dr. Kirti Singh (ii) Dr. Meena Menon
2	(i) Medical Management as First Line of Treatment in Early POAG (ii) SLT as First Line of Treatment in Early POAG		(i) Dr. Vineet Ratra (ii) Dr. Surinder S Pandav
3	(i) MIGS as First Line in - On Two Med(S) with Cataract, Mild to Moderate Disease (ii) Trab as First Line in - On Two Med(S) with Cataract, Mild to Moderate Disease		(i) Dr. Amit Pandey (ii) Dr. Siddharth Dikshit
4	(i) All PACS Need YAG PI (ii) I will Observe PACS		(i) Dr. Saroj Gupta (ii) Dr. Ankur Sinha
5	(i) Advanced Glaucoma Failed Trab - IOP 30 - My Choice AGV (ii) Advanced Glaucoma - Failed Trab - IOP 30 – My Choice AADI		(i) Dr. Dipanjan Pal (ii) Dr. Devendra Maheshwari
6	Medical Audit – Panel Discussion	35 Minutes	1. Dr. Arvind Neelakantan 2. Dr. Devindra Sood 3. Dr. Krishnadas S R 4. Dr. Sathyan Parthasarathi 5. Dr. Vinay Nangia
7	Session Group Photo & Change Over Time	05 Minutes	



# VISION RESTORATION IN GLAUCOMA

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : C**

**TIME : 09.31 AM – 11.00 AM**

**PANELISTS : Dr. Barun Kumar Nayak  
Dr. Harsh Kumar  
Dr. Priti Kamdar**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Keeping Transplanted RGCS Alive	09 Minutes	Dr. Amit Pandey
2	Muller Cell Therapy for Glaucoma	09 Minutes	Dr. Amit Porwal
3	Whole Eye Transplantation	09 Minutes	Dr. Pankaj Bendale
4	Clinical Development of Regenerative Technologies	09 Minutes	Dr. Surajit Chakrabarti
5	Case Discussion	30 Minutes	Dr. Neha Midha
	Slido by (Dr. Pankaj Bendale), Discussion and Q & A	19 Minutes	
	Session Group Photo & Change Over Time	05 Minutes	



## FREE VIDEO FINALS

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : D**

**TIME : 09.31 AM – 10.30 AM**

**JUDGE(S) : Dr. Deven Tuli**

**JUDGE(S) : Dr. Neethu Mohan**

**JUDGE(S) : Dr. Sirish Nelivigi**





## RAPID FIRE - II

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : D**

**TIME : 10.31 AM – 11.30 AM**

**JUDGE(S) : Dr. Samta Patel**

**JUDGE(S) : Dr. Viney Gupta**

**JUDGE(S) : Dr. Vinita Gupta**

ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
FP79	Risk Factors & Incidence of Glaucoma in Polymerase Chain Reaction (PCR) Proven Viral Anterior Uveitis	03 Minutes	Dr. Bhavini Johri
FP80	Combined Phaco-Trabeculectomy versus Phaco-Kahook Dual Blade in Primary Angle Closure Glaucoma	03 Minutes	Dr. Mrunali Dhavalikar
FP81	Three-Month Surgical Outcome of Ahmed Clearpath in Refractory Glaucoma in North India	03 Minutes	Dr. Ritika Singh
FP82	Comparative Outcomes of Kahook Dual Blade Goniectomy & Trabeculectomy in Advanced Glaucoma	03 Minutes	Dr. Anugya Sharma
FP84	Anterior Segment Biometry in Younger Vs Older PACD Patients using AS-OCT and IOL Master 700	03 Minutes	Dr. Mayank Ojha
FP86	Efficacy of Different Doses of MMC Augmented Needle Revision of Failing Trabeculectomy Blebs	03 Minutes	Dr. Arshi Singh
FP87	Comparison of Online Circular Contrast Perimetry with Standard Automatic Perimetry : Indian Scenario	03 Minutes	Dr. Arya Wagle
FP89	To at or Not: Clinical Relevance	03 Minutes	Dr. Achal Singhal
FP92	Pseudoexfoliation Syndrome : Not as Scary as it Looks	03 Minutes	Dr. Trupti Mugale



ABS. NO	TITLE	TOTAL DURATION (IN MINUTES)	PRESENTING AUTHOR(S)
FP107	Intervention and Outcomes following Aqueous Misdirection: A Retrospective Analysis	03 Minutes	Dr. Nitisha Khare
FP118	Controlling Inflammatory IOP Rise with Double Lasers Techniques	03 Minutes	Prof. Sagarika Patyal
FP120	Surgical Outcomes and Failure Risk Factors of Ahmed Valve in Neovascular Glaucoma in 145 Eyes	03 Minutes	Dr. Kirti Chhabra
FP121	Overdiagnosis in Glaucoma : Are we Jumping on the Bandwagon?	03 Minutes	Dr. Deepti Patel
FP122	Molecular and Histopathological Insights from the Lens Capsule of Iridocorneal Endothelial Syndrome	03 Minutes	Dr. Julie Pegu
FP123	Does Surgery with Kahook Dual Blade affect Glaucoma Eyedrop Bottles Related Carbon Footprint?	03 Minutes	Dr. Mona Khurana
FP124	Acetazolamide induced Ciliary Body Effusion	03 Minutes	Dr. Parul Sony
FP125	Outcomes of Bandage Contact Lens in Early Bleb Leak following Trabeculectomy	03 Minutes	Dr. Dhanashree
FP128	Abstract - An Usual Presentation of Axenfeld Reiger Anomaly	03 Minutes	Dr. Saanchal Sethi
FP129	Comparison of IOP Obtained by GAT, CORVIS ST , ICARE And NCT in Patients with Glaucoma	03 Minutes	Dr. Sadananda Shetty
FP131	Controlling Pressure through Inflammation: Case Series on Glaucoma and Ocular Cicatricial Pemphigoid	03 Minutes	Dr. Mayank Rai



**11.01 AM – 11.15 AM  
BREAK**





## GLAUCOMA GRAND ROUNDS

**DATE : 14<sup>th</sup> September, 2025**

**DAY : 3 (Sunday)**

**HALL : A+B**

**TIME : 11.16 AM - 12.45 PM**

**PANELISTS : Dr. Amit Porwal, Dr. Harsh Kumar,  
Dr. Murali Ariga, Dr. Surinder S Pandav,  
Dr. Vinay Nangia**

S.NO	TOPICS	TOTAL DURATION (IN MINUTES)	FACULTY NAME
1	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Aanchal Rathore
2	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Annamalai Odayappan
3	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Arshi Singh
4	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Divya Rajsrinivas
5	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Faisal T T
6	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Megha G
7	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Nitika Beri
	Case Presentation with Discussion (6 Minutes Case Presentation + 4 Minutes Discussion)	10 Minutes	Dr. Swetha K
	Session Group Photo & Change Over Time	05 Minutes	





GLAUCOTAAL  
2025

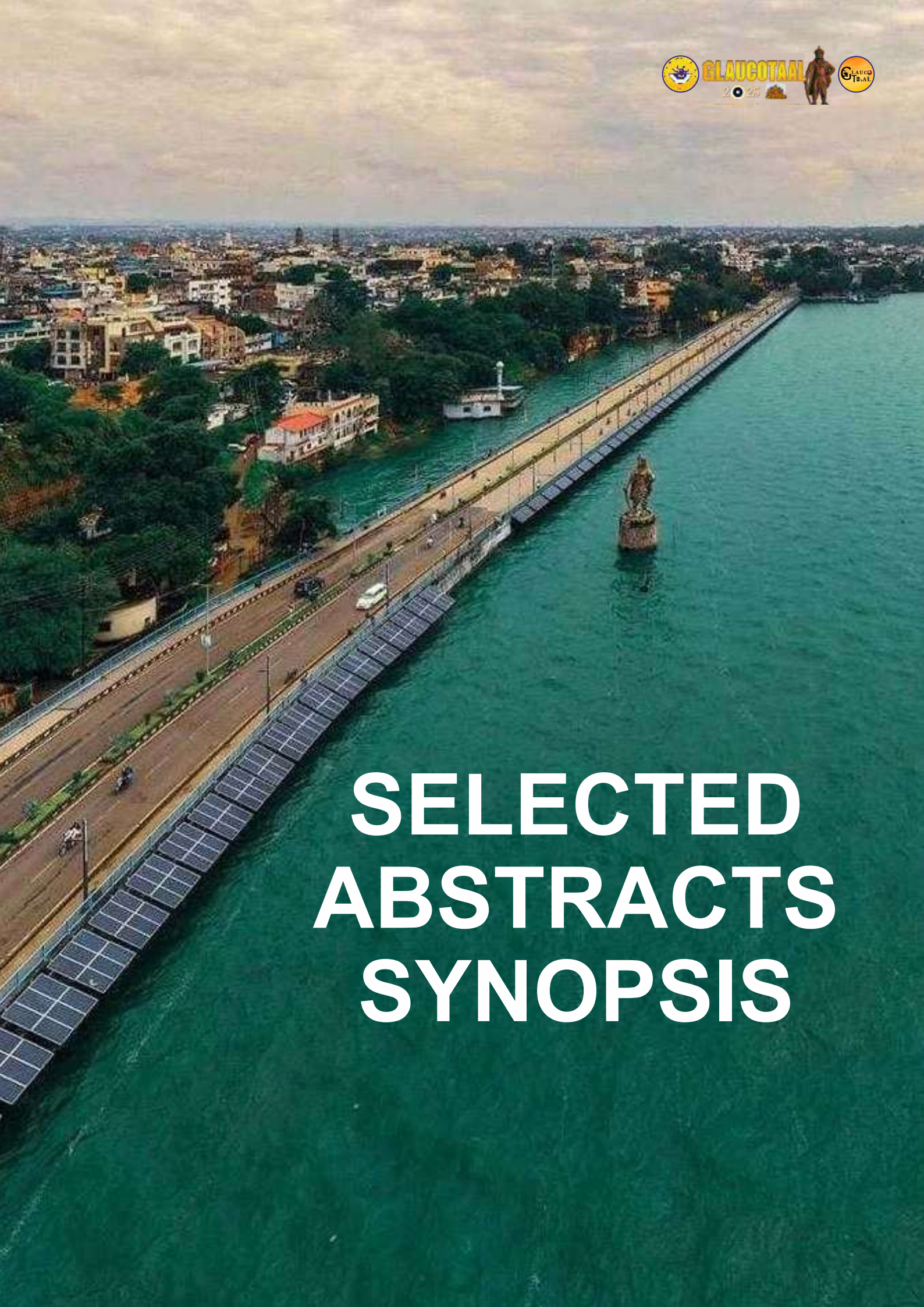


# GLAUCOTAAL VALEDICTORY CEREMONY

**01.45 PM ONWARDS  
LUNCH**



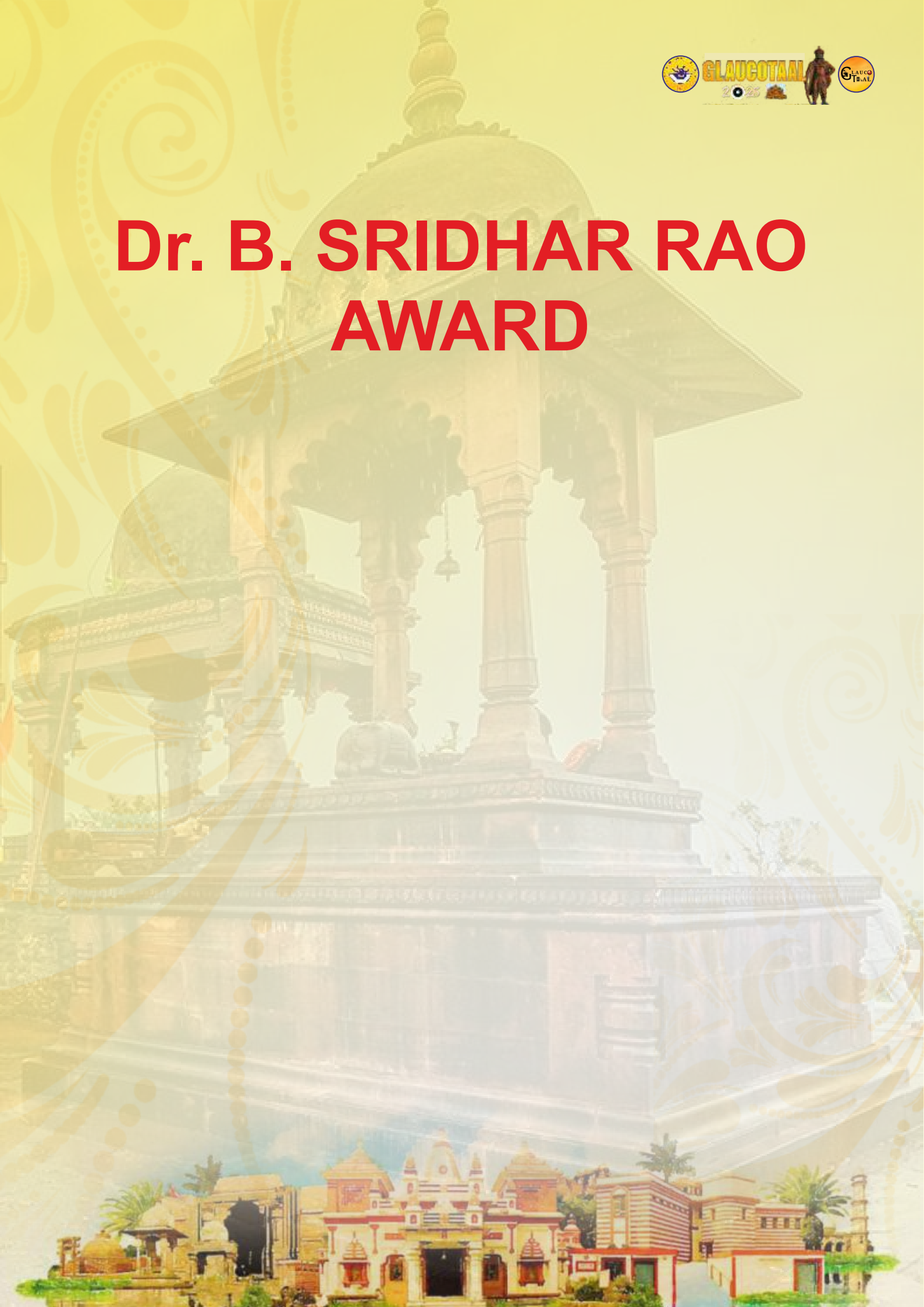




# SELECTED ABSTRACTS SYNOPSIS



# Dr. B. SRIDHAR RAO AWARD



<b>ABSTRACT NO.</b>	<b>FP8</b>
<b>TITLE</b>	<b>Assessment of Contrast Sensitivity using Sparcs in Glaucoma Disc Suspect and Early Glaucoma Patients</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Shabana Bharathi</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. S Vasanthi</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>This study was done to compare the contrast sensitivity (CS) differences between glaucoma disc suspects and early glaucoma patients using Spaeth /Richman contrast sensitivity test (SPARCS) and its role as a functional test in glaucoma. A cross-sectional study was done among glaucoma suspects with normal visual fields (group 1) and glaucoma patients with early field damage (group 2) who were above 40 years of age. Both the group had 40 eyes each and their CS using an internet-based SPARCS test was done and their scores obtained. SPARCS total score was significantly lower in group 2 when compared to group 1 (<math>p &lt; 0.0001</math>). Topographical correlation was seen between lower CS score in test quadrants in SPARCS and field defects in Humphrey visual field in group 2 patients. A negative correlation was observed between age and CS scores in both the groups. Contrast sensitivity is affected in early glaucoma patients and SPARCS is a cost-free tool to assess this visual function in glaucoma patients.</p>





ABSTRACT NO.	FP11
TITLE	In vivo evaluation of anatomical variations of the Schlemm's canal in healthy and glaucomatous eyes
CHIEF AUTHOR	Dr. Arnav Panigrahi
PRESENTING AUTHOR	Dr. Arnav Panigrahi
CO-AUTHOR(S)	Dr. Shikha Gupta, Dr. Viney Gupta
SYNOPSIS	<p><b>Purpose:</b> To characterise in vivo Schlemm's canal (SC) microstructure using anterior segment OCT in healthy eyes and those with juvenile-onset primary open-angle glaucoma (JOAG).</p> <p><b>Methods:</b> Serial horizontal OCT B-scans were prospectively obtained to assess SC anatomy and compare nasal and temporal quadrants.</p> <p><b>Results:</b> A total of 2700 scans from 60 normal and 30 JOAG eyes (mean age <math>27 \pm 5</math> years) were analysed. SC was clearly visualised in all scans with excellent repeatability. The average SC area was greater temporally (<math>4971 \pm 318 \mu\text{m}^2</math>) than nasally (<math>2727 \pm 218 \mu\text{m}^2</math>; <math>P = 0.008</math>). SC was more anteriorly located and had greater anterior-posterior extent temporally. Direct communication with posterior corneal channels was seen in some eyes.</p> <p><b>Conclusion:</b> The SC shows distinct nasal-temporal anatomical differences, and novel SC–corneal communications. These differences could be important while performing ab interno glaucoma surgery.</p>



<b>ABSTRACT NO.</b>	<b>FP53</b>
<b>TITLE</b>	<b>Effects of Long Term Topical Antiglaucoma Medications on Dry Eye Syndrome</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Nimmy George</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Nimmy George</b>
<b>CO-AUTHOR(S)</b>	<b>Dr.Smitha V.K.</b>
<b>SYNOPSIS</b>	<p>To investigate the effects of topical AGM on meibomian glands and tear film. Age group 50-75 years. The subjects were 110 eyes of 55 patients on AGM for more than 1 year. Controls were 98 eyes of 49 individuals. Symptoms were evaluated by questionnaire. Dropout of meibomian glands of upper and lower eyelids, lipid layer thickness (LLT) of tear film and partial blink rate were measured using Lipiview interferometer. Tear film break-up time (TBUT) and Schirmer 1 test were done for each eye. Results: The mean LLT, TBUT, Schirmer test were significantly lower in glaucomatous eyes than in control eyes. Also, there was increased meibomian gland dropout and partial blink rate in glaucomatous eyes than in control eyes. There was significant correlation between more number of AGM use for longer duration and increased dryness. Thus, long-term use of topical AGM is significantly associated with alterations in tear film, which may affect the patient compliance and quality of life.</p>



<b>ABSTRACT NO.</b>	<b>FP73</b>
<b>TITLE</b>	<b>Modulation of conjunctival lymphatics with retinoic acid and VEGF-C in rat model glaucoma surgery</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Rhea Bharti</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Rhea Bharti</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Faisal T T, Dr. Surinder S Pandav</b>
<b>SYNOPSIS</b>	<p>The purpose of our study was to explore the possibility of enhancing conjunctival lymphatics using Retinoic Acid(EC23) and VEGF-C, thereby potentially improving bleb drainage using a rat model. 5 Sprague-Dawley rats were allocated in 5groups (total 25) and each underwent a GFS combined with either a collagen implant, implant soaked with 10µg VEGF-C/10µg EC23 or subconjunctival I njections of 10µg EC23 in the right eye. Left eyes were used as control. Eyes were enucleated on day 14 and each specimen was stained with Masson trichome, CD-31 and D2-40. Subconjunctival injection of EC23 (P=0.029, 0.005) and VEGF C (P=.0.0005) application led to a significant increase in lymphatic channel density. The lymphatic density score was significantly (p=.007) higher in VEGF-C group. VEGF-C and EC23 had no significant effect on the blood vessel count and the amount of fibrosis. Both EC23 and VEGF-C led to lymphangiogenesis in a rat model and VEGF-C was found to be a more potent lymphangiogenic agent.</p>





ABSTRACT NO.	FP85
TITLE	Intraocular tumours and Secondary glaucoma: A review of 2705 patients
CHIEF AUTHOR	Dr. Indu Pavani Velamala
PRESENTING AUTHOR	Dr. Indu Pavani Velamala
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p><b>Purpose:</b> To report the prevalence and mechanisms of secondary glaucoma in eyes with intraocular tumours. <b>Methods:</b> Among 2705 patients with intraocular tumours, 118 eyes with secondary glaucoma were analyzed. <b>Results:</b> Prevalence was 4.36%. Malignant tumours (54.2%) included retinoblastoma (37%, mean age 8 yrs), choroidal metastasis (7.6%, mean age 67 yrs), choroidal melanoma (7.6%, mean age 57 yrs). Neovascular glaucoma was the main mechanism (92%) in malignancies. Benign tumours (45.7%) included iris cysts (16.9%), Iris melanocytoma, ciliary body cysts, vasoproliferative tumours (3.4%), hemangioblastoma (5.9%). Mechanisms included secondary angle closure (57%) and open-angle glaucoma (43%). <b>Conclusion:</b> Secondary glaucoma was seen in 4.36% of intraocular tumours. Neovascular glaucoma predominated in malignancies, while angle closure was common in benign tumours. Age and laterality are important clues, unilateral neovascular glaucoma in any age group should prompt evaluation for an intraocular tumour.</p>



ABSTRACT NO.	FP104
TITLE	Genotype-Phenotype Correlation in CYP1B1 - Primary Congenital Glaucoma: Insights from South India
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinya Kolipaka
CO-AUTHOR(S)	Dr. Rashmi Krishnamurthy, Dr. Sirisha Senthil
SYNOPSIS	<p>This study analyzed CYP1B1 variants and their association with clinical outcomes in 28 PCG patients who underwent whole exome sequencing. Variants were grouped into exon 2(A2) and exon 3(A3) clusters. Clinical outcomes, classified as complete success, qualified success, or failure (needing additional intervention/loss of vision) were correlated with genetic and clinical parameters using Cox proportional hazards modeling. 17 variants were identified (12 missense, 1 nonsense, 2 stop-gain, 2 frameshift). 5 were novel. A3 variants (16 cases) were significantly associated with better qualified success than A2 (12 cases), although complete success was similar. Clinically - Males, older age at presentation, and smaller corneal diameters; genetically- p.Cys280Ter and p.Arg390Cys variants were associated with poorer outcomes (failure). While CYP1B1 variants significantly contribute to PCG pathogenesis, variant-specific patterns may guide risk stratification and personalised management in PCG</p>

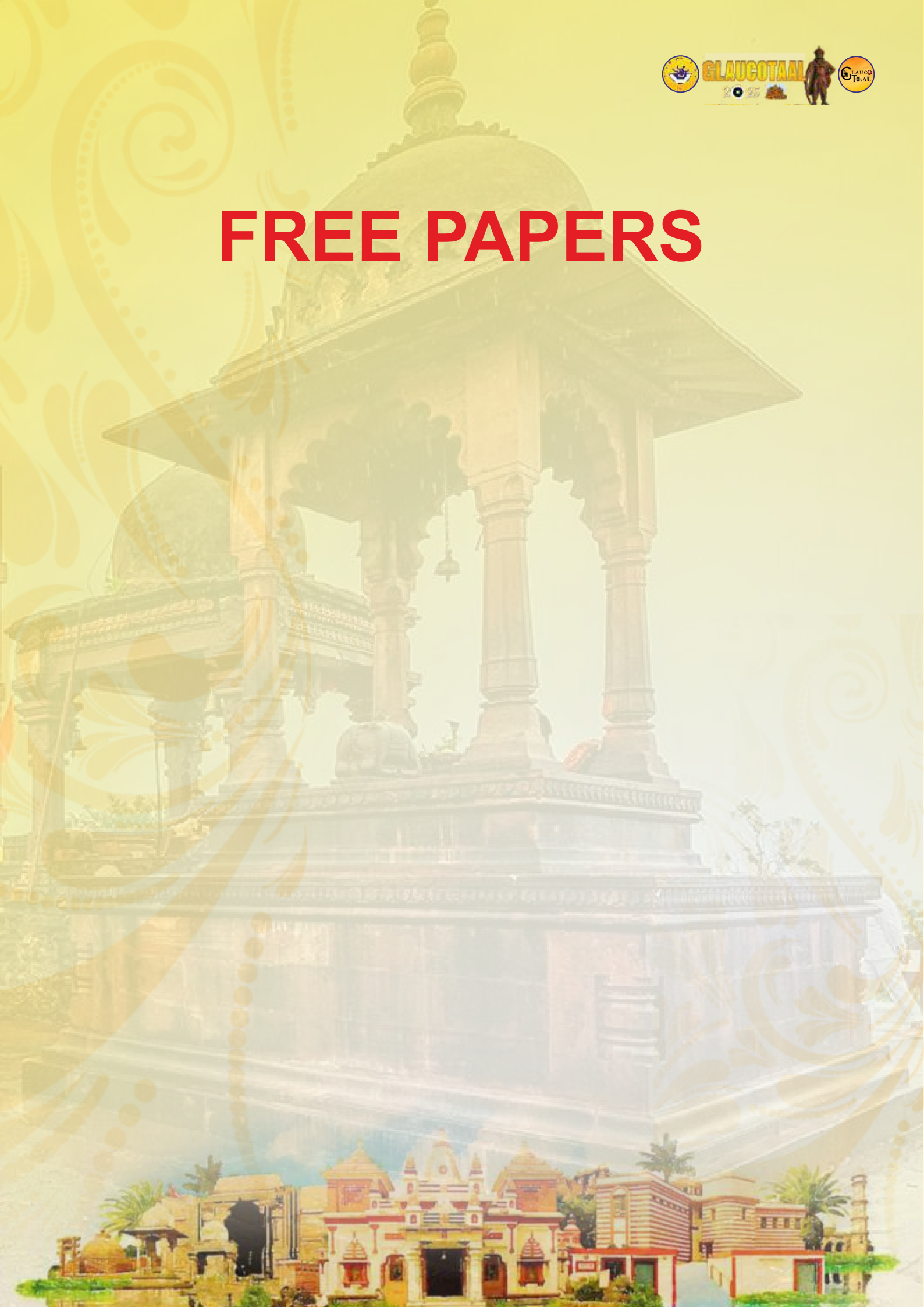


ABSTRACT NO.	FP115
TITLE	Online Circular Contrast Perimetry: A User-Friendly Alternative to Standard Automated Perimetry
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
CO-AUTHOR(S)	Dr. Sirisha Senthil, Dr. Sushma Tulava
SYNOPSIS	<p>To assess the diagnostic accuracy and user experience of Online Circular Contrast Perimetry (OCCP) compared to Standard Automated Perimetry (SAP). A total of 46 glaucoma patients and 45 healthy controls underwent OCCP and SAP using the 24-2 protocol. OCT was performed in 70 subjects for structural correlation. Additionally, 31 participants underwent 10-2 testing with both OCCP and SAP. OCCP showed strong agreement with SAP for 24-2 parameters (<math>r = 0.84\text{--}0.91</math> for MD, PSD, VFI; <math>p &lt; 0.001</math>) and moderate to strong correlation for 10-2 (<math>r = 0.68\text{--}0.86</math>). OCCP had a similar test duration for 24-2 and a shorter duration for 10-2. SAP had fewer false positives, while OCCP had fewer false negatives. Both showed similar moderate correlations with OCT RNFL and cup: disc ratio. All participants preferred OCCP, with significant favor in all survey domains. OCCP offers an accurate, efficient, and user-friendly alternative to SAP, with potential for wider accessibility and remote monitoring.</p>





# FREE PAPERS



<b>ABSTRACT NO.</b>	<b>FP3</b>
<b>TITLE</b>	<b>Mapping Vision Loss in SWS and PPV: Patterns and Pitfalls</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Tanvi Sumesh Choudhary</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Tanvi Sumesh Choudhary</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Sirisha Senthil</b>
<b>SYNOPSIS</b>	<p>To evaluate the visual outcomes and patterns of visual field (VF) defects in patients with Sturge-Weber syndrome (SWS) and Phakomatosis Pigmentovascularis (PPV) using standard automated perimetry. This retrospective study analyzed clinical and VF data of SWS and PPV patients with glaucoma. VF defects were classified as glaucomatous, neurological, combined, or normal. Statistical tests assessed factors influencing VF reliability and outcomes. 86 patients (SWS=62, PPV=24) were included. Reliable VF tests were more common in SWS (<math>p = 0.001</math>). Of 172 eyes, 35.5% had glaucomatous, 7.7% neurological, and 4.1% combined defects. Neurological defects were associated with epilepsy (<math>p = 0.001</math>) and leptomeningeal angiomas (<math>p = 0.005</math>). External beam radiotherapy for diffuse choroidal hemangioma caused localized VF scotomas. Glaucoma is the main cause of visual field loss in SWS and PPV. Non-glaucomatous causes of visual field loss should be considered while interpreting the visual fields.</p>



ABSTRACT NO.	FP13
TITLE	Outcomes of GDD after failed Combined Trabeculotomy-Trabeculectomy in Infants less than one-year
CHIEF AUTHOR	Dr. Sivani Kodali
PRESENTING AUTHOR	Dr. Sivani Kodali
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p>This retrospective study evaluated long-term outcomes of glaucoma drainage device (GDD) implantation in 17 eyes of 15 infants (&lt;1 year) with refractory glaucoma following failed combined trabeculotomy-trabeculectomy (CTT), treated at tertiary eye center between 2011 and 2017. With a median follow-up of 95.6 months, complete success (IOP &gt;5 and ≤21 mmHg without medications) declined from 48% at 1 year to 12% at 4 years. Qualified success (with medications) was 100% at 1 year and stabilized at 78% from 4 years onwards. Higher presenting IOP (HR: 1.36, P=0.002) and older age at CTT (HR: 1.08, P=0.002) were significantly associated with failure. Complications occurred in 4 eyes (23.5%), with 3 eyes (17.6%) requiring further surgery and 2 eyes developing sight-threatening issues. GDDs offer effective long-term IOP control with acceptable safety in this challenging infant population.</p>





ABSTRACT NO.	FP14
TITLE	A cross-sectional study to assess the prevalence of depression and anxiety among glaucoma patients
CHIEF AUTHOR	Dr. Annamalai Odayappan
PRESENTING AUTHOR	Dr. Annamalai Odayappan
CO-AUTHOR(S)	Dr.Rashmirita Kakoty, Dr.Rengaraj Venkatesh, Dr.Swati Upadhyaya
SYNOPSIS	<p>Depression and anxiety are common in chronic illnesses but often overlooked in glaucoma care. We aimed to evaluate their prevalence among glaucoma patients in a tertiary eye care centre. A cross-sectional study was conducted from February 2023 to January 2024 with 323 participants: 162 glaucoma and 161 age-matched general population controls. The Hospital Anxiety and Depression Scale (HADS) was used. The prevalence of depression and anxiety was higher in glaucoma patients compared to the general population (30.2% vs. 8.7% for depression, <math>p&lt;0.001</math>; 27.8% vs. 6.2% for anxiety; <math>p&lt;0.001</math>). Multivariable logistic regression showed lower visual field index (OR: 0.96, 95%CI: 0.93–0.98, <math>p=0.006</math>), sleep disturbance (OR: 3.3, 95%CI: 1.51–7.23, <math>p=0.003</math>) and greater anti-glaucoma medications (OR: 1.9, 95%CI: 1.10–3.33, <math>p=0.022</math>) were associated with depression. Thus, routine psychological screening should be integrated into glaucoma management in high-risk patients to support their mental health.</p>



ABSTRACT NO.	FP18
TITLE	Screening for glaucoma in children with Retinopathy of Prematurity (ROP): A Pilot Study
CHIEF AUTHOR	Dr. Raji Koshy Daniel
PRESENTING AUTHOR	Dr. Raji Koshy Daniel
CO-AUTHOR(S)	Dr. Manju R Pillai
SYNOPSIS	<p><b>AIM</b> To assess the prevalence and clinical profile of glaucoma in children with ROP <b>METHODOLOGY</b> Cross sectional study in a tertiary eye care centre. Children with ROP from 2017-2018 were called for review . Evaluation included visual acuity, slit lamp examination, IOP, fundus evaluation and axial length. <b>RESULTS</b> : The total number of patients was 51(102 eyes). Mean age 5.14yrs. 66.67% were male. Mean birth weight was 1.39kg. Stages1,2,3 and 5 of ROP were 35.29%,18.63%,14.71% and 6.86% respectively .66.66% eyes were observed, 10.78%eyes had laser ,18.2% eyes had intravitreal injection and 3.9 % of eyes had vitreoretinal surgery. Mean IOP of stages 1,2,3,5 of ROP was 16.03, 16.47, 14.33 and 21.43mmHg respectively. A total of 7 eyes had IOP 21-30, advised observation. One eye had IOP&gt;30mmHg and was managed medically. Glaucomatous disc changes were seen in 2 eyes (stage 2 ROP). Shallow AC was seen in 3 eyes (all stage 5 ROP). <b>CONCLUSION:</b> Prevalence of glaucoma in ROP was 0.98%.</p>



ABSTRACT NO.	FP31
TITLE	Alterations in Intraocular pressure and retinal circulation in pregnancy with preeclampsia
CHIEF AUTHOR	Dr. Kirti Singh
PRESENTING AUTHOR	Dr. Kirti Singh
CO-AUTHOR(S)	Dr. Arshi Singh
SYNOPSIS	<p>Study determining differences in retinal circulation (OCT angiography), mean ocular perfusion pressure MOPP, IOP &amp; corneal thickness of pregnant women with pre-eclampsia (&gt;20 weeks gestation) vs uncomplicated pregnancy in 40 patients each. IOP &amp; CCT increased in preeclampsia vs normal pregnancy at 13.65 vs 12.44 &amp; 541.22 vs 537.44 mm Hg respectively. Foveal Avascular Zone significantly enlarged in preeclampsia cases (0.37 vs 0.34 mm). Superficial capillary plexus vessel densities (foveal &amp; parafoveal) were higher in preeclampsia at 10.96 vs 9.375 and 32.42 vs 29.6. The radial peripapillary capillary plexus vessel density was more in preeclampsia (45.17 vs 44.22). MOPP was significantly higher <math>58.53 \pm 5.94</math> in preeclampsia than <math>48.14 \pm 6.62</math> (week matched pregnancy), RNFL thickness however was less in pre-eclampsia at 91.08 vs 95.23 in normal pregnancy Preeclampsia alters IOP &amp; adversely impacts retinal circulation, despite no clinically visible fundus changes.</p>





ABSTRACT NO.	FP35
TITLE	Sequential glaucoma drainage device surgery: AADI following AGV failure
CHIEF AUTHOR	Dr. Urvish Vashisht
PRESENTING AUTHOR	Dr. Urvish Vashisht
CO-AUTHOR(S)	NA
SYNOPSIS	<p><b>Purpose:</b> To describe the clinical outcomes of secondary AADI implantation in patients with failed AGV surgery, focusing on IOP and AMGs. <b>Method:</b> This retrospective case series included 8 eyes of 7 patients with different types of glaucoma who underwent secondary AADI implantation following AGV failure. AGV failure was defined as when the target IOP was not achieved on max tolerable medical therapy. IOP was recorded on day 1, 7, 30, 180 and at 1 year. The number of AGMs and BCVA were also assessed pre- and post-operatively. <b>Result:</b> 8 eyes of 7 patients were included. The mean pre-AADI IOP was 37.6 mmHg, which reduced to 56.47% on last follow-up. The mean reduction in the number of AGMs from <math>3.75 \pm 0.46</math> preoperatively to <math>1.25 \pm 0.465</math> postoperatively. <b>Conclusion:</b> Secondary AADI implantation post-AGV failure is an effective surgical option that provides significant and sustained IOP reduction, decreases dependency on antiglaucoma medications, and is associated with minimal complications.</p>



ABSTRACT NO.	FP36
TITLE	Corneal Hysteresis & risk of Visual Field Progression in open-angle Glaucoma patients of South India
CHIEF AUTHOR	Dr. Sujani Shroff
PRESENTING AUTHOR	Dr. Zia Sultan Pradhan
CO-AUTHOR(S)	Dr. Harsha Rao, Dr. Sathi Devi AV, Dr. Zia Sultan Pradhan
SYNOPSIS	<p>Background: U.S. studies show lower corneal hysteresis (CH), measured by the ocular response analyser (ORA), is linked to glaucoma progression. Similar data are limited in other populations. This study examined the link between baseline ORA values and visual field (VF) progression in South Indian open-angle glaucoma (OAG) patients. Methods: Prospective study of OAG patients with baseline ORA and <math>\geq 5</math> reliable VFs over <math>\geq 3</math> years. Eyes with retinal/neurological disease or poor ORA quality (Waveform Score <math>&lt; 4</math>) were excluded. VF progression was defined by VFI slope. Linear mixed models assessed demographic, clinical, and ORA factors. Results: 80 eyes of 59 patients (mean age 62.6) were followed for 6.6 years. VFI declined from 78.2% to 73.7% (slope <math>-0.93\%/year</math>). Greater IOP fluctuation and higher baseline PSD predicted faster VF loss on univariate analysis. On multivariate analysis, only PSD remained significant. Conclusion: Higher PSD predicts VF loss. CH was not associated with progression.</p>



ABSTRACT NO.	FP46
TITLE	Progressive peripapillary perfusion density reduction in POAG using optical microangiography
CHIEF AUTHOR	Dr. Zia Sultan Pradhan
PRESENTING AUTHOR	Dr. Zia Sultan Pradhan
CO-AUTHOR(S)	Dr. Harsha Rao, Dr. Shubhra Alankrita Lakra, Dr. Sujani Shroff
SYNOPSIS	<p><b>Purpose:</b> To evaluate the factors associated with progressive peripapillary perfusion density (pPD) reduction in POAG using optical microangiography (OMAG). <b>Methods:</b> In a prospective study, 50 eyes of 28 POAG patients (95 hemifields) were longitudinally studied with a minimum of 3 OMAG scans. Effect of clinical parameters, baseline hemifield mean deviation (MD), retinal nerve fiber layer (RNFL) parameters, and baseline pPD on the rate of PD change was evaluated using linear mixed models. <b>Results:</b> Mean (<math>\pm</math>SD) pPD of the analyzed quadrants at baseline was <math>40.7 \pm 4.2\%</math>. Rate of quadrant pPD change was <math>-0.27 \%</math>/year. <b>Multivariate mixed models</b> showed that greater baseline PD (coefficient: <math>-0.03</math>, <math>p &lt; 0.001</math>) and faster rate of RNFL change during follow-up (coefficient: <math>0.06</math>, <math>p = 0.02</math>) were significantly associated with faster rate of PD loss. <b>Conclusions:</b> Greater pPD at baseline and faster RNFL thinning during follow-up were significantly associated with a faster rate of PD loss in POAG patients.</p>





ABSTRACT NO.	FP60
TITLE	Beta Zone Parapapillary Atrophy and RNFL Correlation in Primary Open Angle Glaucoma: SD-OCT Study
CHIEF AUTHOR	Dr. Vinay Nangia
PRESENTING AUTHOR	Dr. Jayshri Hariharrao Pendamkar
CO-AUTHOR(S)	Dr. Sarang Lambat, Dr. Prabhat Nangia, Dr. Swati Mishra
SYNOPSIS	<p><b>Aim:</b> Investigate correlation between beta zone (BZ) parapapillary atrophy and RNFL thickness in POAG using SD-OCT. <b>Methods:</b> Cross-sectional study of 56 POAG patients (112 eyes). Heidelberg Spectralis measured RNFL thickness and beta zone parameters (maximum width, clock hour extent). <b>Results:</b> BZ was most frequent temporally (94.6%), temporo-inferiorly (89.3%), temporo-superiorly (80.4%). Maximum width of BS correlated with age (<math>p &lt; 0.001</math>, <math>r = 0.367</math>), not global RNFL (<math>p = 0.974</math>). Clock hour extent of BZ showed correlations with naso-superior (<math>p = 0.008</math>), nasal (<math>p = 0.040</math>), naso-inferior (<math>p = 0.018</math>), temporo-inferior (<math>p = 0.001</math>) RNFL segments and global RNFL (<math>p = 0.004</math>). Multivariate analysis revealed age with BZ width as the sole significant predictor (<math>P = 0.015</math>). <b>Conclusions:</b> Neither beta zone width nor extent independently correlate with glaucomatous RNFL damage. Age remains the primary determinant. BZ may not be an indicator of glaucomatous damage.</p>



ABSTRACT NO.	FP62
TITLE	Temporal macular RNFL thresholds predict central vision loss in POAG on SD-OCT
CHIEF AUTHOR	Dr. Vinay Nangia
PRESENTING AUTHOR	Dr. Sneha Rathod
CO-AUTHOR(S)	Dr. Sarang Lambat, Dr. Jemmima Shaikh, Dr. Prabhat Nangia
SYNOPSIS	<p><b>Aims:</b> To quantify temporal macular RNFL thickness in primary open-angle glaucoma (POAG) and define thickness levels that predict meaningful central visual loss. <b>Methods:</b> Cross-sectional analysis of 240 eyes (149 patients) examined. BCVA and macular RNFL were obtained with Spectralis SD-OCT. Scans with signal strength &lt; 20 dB were excluded; analyses included Pearson correlation, ROC analysis, ANOVA and multivariate regression. <b>Results:</b> Temporal RNFL averaged <math>51.3 \pm 10 \mu\text{m}</math>; BCVA <math>0.75 \pm 0.29</math> DU. Temporal RNFL thickness correlated with BCVA (<math>r = 0.26</math>, <math>p &lt; 0.001</math>). BCVA fell from 0.82 at <math>\geq 50 \mu\text{m}</math> to 0.67 at <math>40\text{--}49 \mu\text{m}</math> and 0.58 at <math>&lt; 40 \mu\text{m}</math>; each <math>10 \mu\text{m}</math> loss reduced BCVA by 0.066. ROC AUC 0.79 flagged <math>50 \mu\text{m}</math> as “warning” (Sensitivity 77%, Specificity 71%) and <math>40 \mu\text{m}</math> as “critical”; 47% of eyes lay in the 40- <math>50 \mu\text{m}</math> transition zone. <b>Conclusion:</b> Temporal RNFL thresholds of 50 and <math>40 \mu\text{m}</math> on SD-OCT are actionable markers for earlier escalation of therapy to preserve macular vision in POAG.</p>



ABSTRACT NO.	FP66
TITLE	Impact of Glaucoma on Binocular Visual Acuity Summation at Low and High Contrast
CHIEF AUTHOR	Dr. Vidhya Verma
PRESENTING AUTHOR	Dr. Vidhya Verma
CO-AUTHOR(S)	Dr. Priti Singh
SYNOPSIS	<p>This hospital-based case-control study evaluated the impact of glaucoma on binocular visual acuity (VA) summation and contrast sensitivity (CS) at high and low contrast levels. Ninety participants (45 glaucoma patients with mild to moderate POAG/PACG and 45 age-matched controls) were assessed using ETDRS charts for VA, Pelli-Robson chart for CS, and standard OCT and visual field tests. Results showed no significant difference in binocular VA between cases and controls, but a significant reduction in CS and binocular summation in glaucoma patients, particularly under low contrast (<math>p &lt; 0.001</math>). Over one-third of glaucoma patients exhibited binocular inhibition. Binocular summation was inversely correlated with disease severity. These findings underscore the value of binocular testing in early glaucoma for functional assessment and highlight contrast sensitivity as a potential early marker of visual impairment.</p>





ABSTRACT NO.	FP67
TITLE	Outcomes of Kahook Dual Blade goniotomy on intraocular pressure
CHIEF AUTHOR	Dr. Shubhra Alankrita Lakra
PRESENTING AUTHOR	Dr. Shubhra Alankrita Lakra
CO-AUTHOR(S)	Dr. Sathi Devi AV, Dr. Sujani Shroff, Dr. Zia Sultan Pradhan
SYNOPSIS	<p><b>Aim:</b> To evaluate the 6-month outcomes of Kahook dual blade (KDB) goniotomy along with cataract surgery on intraocular pressure. <b>Methods:</b> In this retrospective chart review, all patients who underwent KDB goniotomy with at least 6 months of follow up were included. Data regarding demographics and clinical details (including intraocular pressure and medication use) were collected. Paired-t test was used for statistical analysis. <b>Results:</b> Thirty-nine eyes of 39 patients were included in the study. The mean age was <math>66.9 \pm 11.3</math> years. The mean pre-op best corrected visual acuity (BCVA) was <math>0.22 \pm 0.28</math> which improved to <math>0.15 \pm 0.30</math> after surgery (<math>p=0.14</math>). The mean pre-op IOP was <math>17.2 \pm 6.2</math>mmHg which reduced to <math>14.1 \pm 3.4</math>mmHg (<math>p=0.001</math>) 6 months after surgery. The mean number of drops used pre-op was <math>2.3 \pm 1.2</math> which reduced to <math>0.9 \pm 1.1</math> (<math>p&lt;0.001</math>) 6 months after surgery. <b>Conclusion:</b> KDB goniotomy is an effective method of lowering IOP and reducing the requirement for anti-glaucoma drops.</p>



ABSTRACT NO.	FP69
TITLE	My MIGS Journey: From a Rookie to a Confident Surgeon!
CHIEF AUTHOR	Dr. Aditi Arvind Kochar
PRESENTING AUTHOR	Dr. Aditi Arvind Kochar
CO-AUTHOR(S)	Dr. Shamira Perera
SYNOPSIS	<p>This retrospective comparative study includes 43 eyes which underwent combined phacoemulsification with either Hydrus® Microstent (n=24) or iStent inject® (n=19) implantation between Jan 2024 and Jan 2025 at SNEC, Singapore. All surgeries were performed by a single surgeon under mentor supervision. This study aims at describing the learning curve and surgical proficiency acquired in both techniques. First-attempt correct placement was achieved in 80% of the initial Hydrus cases and 90% of iStent inject cases, improving to 93.75% and 95% respectively. Challenges included goniolens stabilization, Schlemm's canal identification, and implant deployment. Confidence improved after the 10th case in both groups, with reduced operative time and improved handling. Intensive fellowship training enabled rapid progression in skills, with increased precision and consistency in outcomes for both devices.</p>



ABSTRACT NO.	FP70
TITLE	Comparative Study of Bent Angle Needle Goniectomy (BANG) & Kahook Dual Blade in POAG
CHIEF AUTHOR	Dr. Shalini Mohan
PRESENTING AUTHOR	Dr. Shalini Mohan
CO-AUTHOR(S)	Dr. Anjali Tripathi, Dr. Namrata Patel, Dr. Vinita Gupta
SYNOPSIS	<p>Minimally invasive glaucoma surgery (MIGS) has erupted as new bunch of options for management of patients with Primary open angle glaucoma (POAG). Kahook Dual Blade (KDB) has been introduced to bypass the aqueous humor to Schlemm's Canal and Bent ab-Interno Needle Goniectomy (BANG) has emerged as an alternative. Aim: To study the efficacy, safety &amp; complications of MIGS by KDB &amp; BANG. Methods: Study Design: Prospective interventional study Sample size - 40, KDB group n=20, BANG n =20 INCLUSION CRITERIA: Patients with mild to moderate POAG. Detailed history &amp; examinations done. Results: Significant IOP reduction by the end of six months in both the groups -26.9% and -29% respectively (p-value 0.004). Mean reduction in antiglaucoma medications were from 2.23 to 1.31. The most common post-operative adverse were IOP spike (25%) followed by hyphema(15%). Conclusions: MIGS by KDB &amp; BANG reduces IOP to significant levels BANG can be an option for patient with low socio economic stata.</p>





ABSTRACT NO.	FP71
TITLE	Assessment of glaucoma related patient education resources in social media of eye hospitals
CHIEF AUTHOR	Dr. Mona Khurana
PRESENTING AUTHOR	Dr. Geethu Gopakumar
CO-AUTHOR(S)	Dr. Ronnie George
SYNOPSIS	<p>To assess the number, timing, content of glaucoma awareness posts in social media platforms of Indian eye hospitals (NABH accredited). Social media-based content (facebook, Instagram, youtube) from January 2024-May 2025.NABH accredited eye hospitals (NABH website) were included. Hospitals with inactive websites and unrelated posts during the study period were excluded. Of 569 hospitals, 179 satisfied the inclusion criteria and were screened and analysed.31.5% used social media for glaucoma awareness. Of the total 1980 posts, 52% were posters,20% educational videos,27%doctor talks, 1% blogs. Maximum posts (38.4%) were in March and in English (73%). Social media, a potential channel for creating glaucoma awareness is underutilized (31.5%). Moreover, maximum posts were in March and in English.</p>



ABSTRACT NO.	FP83
TITLE	From Genes to Globe: Understanding the IOP Paradox of Hypotony and Glaucoma in Traboulsi Syndrome
CHIEF AUTHOR	Dr. Indu Pavani Velamala
PRESENTING AUTHOR	Dr. Indu Pavani Velamala
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p><b>Purpose:</b> To report the genetic variants, ocular phenotype, and surgical outcomes in ASPH-associated Traboulsi syndrome. <b>Methods:</b> Ten patients with genetically confirmed Traboulsi syndrome were evaluated for clinical features, including glaucoma and ectopia lentis and their management was discussed. <b>Results:</b> All had facial dysmorphism and ectopia lentis. Glaucoma was noted in 9 eyes (45%) and spontaneous blebs with hypotony in 11 eyes (55%). ASPH mutations were homozygous in 8 and compound heterozygous in 2. Three novel variants were identified: c.1853T&gt;A (p. Y544X), c.2107C&gt;T (p. Arg703Ter), and c.2204G&gt;A (p. Arg735Gln). Conservative glaucoma management was effective in most. Pars plana lensectomy led to hypotony and staphylomas in 2 of 4 eyes, while clear corneal lensectomy in 3 eyes was safe. <b>Conclusion:</b> ASPH mutations cause a distinct phenotype with ectopia lentis, hypotony and glaucoma. Genetic diagnosis is key. Clear corneal lensectomy is preferred; scleral surgery should be avoided</p>



ABSTRACT NO.	FP93
TITLE	Genotype-Phenotype Correlation in Primary Congenital Glaucoma : WES Insights from North India
CHIEF AUTHOR	Dr. Sushmita Kaushik
PRESENTING AUTHOR	Dr. Vyshak A S
CO-AUTHOR(S)	Dr. Ashok Kumar Singh, Dr. Manik, Dr. Surinder S Pandav
SYNOPSIS	<p><b>Objective:</b> Investigate genetic variants and disease severity in PCG children in North India, assessing the prognostic value of variants.</p> <p><b>Methods:</b> Infants diagnosed with PCG from Jan 2020 to May 2025 underwent whole-exome sequencing (WES) after diagnosis via CGRN classification. Pathogenic variants (PVs) were evaluated per ACMG guidelines and confirmed with Sanger sequencing.</p> <p><b>Results:</b> In 53 children, 66.03% had Neonate-Onset (NO) PCG, 24.52% Infantile Onset (IO), and 9.4% Late Onset (LO). Among NO-PCG, 37.5% had PVs and 37.5% had Variants of Unknown Significance (VUS). CYP1B1 was the most common mutation in NO-PCG (41.66%). IO-PCG showed 37.5% PVs, all being CYP1B1. LO-PCG had 75% with no variants.</p> <p><b>Conclusion:</b> Biallelic p.Arg390His CYP1B1 PVs were linked to severe disease, while LTBP2 and TEK mutations indicated milder forms. Clinical Exome Sequencing may suffice for NO-PCG, but WES or Whole Genome Sequencing could be necessary for IO and LO-PCG.</p>





ABSTRACT NO.	FP98
TITLE	Preliminary comparison of two automated perimetry alpha prototypes with HFA in normal and glaucoma
CHIEF AUTHOR	Dr. Geeta Behera
PRESENTING AUTHOR	Dr. Geeta Behera
CO-AUTHOR(S)	Dr. Karthikeyan Mahalingam, Dr. Subashini Kaliaperumal, Mr. Gajendran M N
SYNOPSIS	<p><b>Purpose:</b> To compare two alpha prototypes: Projection perimeter (PP) and virtual reality perimeter (VR) (Appasamy Associates, India) with Humphrey Field Analyser (HFA) (Carl Zeiss Meditec, USA). <b>Methods:</b> 60 normal and 60 glaucoma patients underwent 2 consecutive visual field tests, each on the HFA, PP, and VR perimeters (total 6 tests). Only reliable tests (FP, FN, and FL &lt;20% each) and 1 eye used for analysis. <b>Results:</b> The test-retest variability (ICC) of the mean sensitivity was: Glaucoma: HFA: 0.95, PP: 0.96, VR: 0.96; Normals: HFA: 0.89, PP: 0.63, VR: 0.97. The ICC and mean difference with LOA: HFA versus PP: Glaucoma: 0.94 and -0.30(-4.78, 2.54) Normal: 0.75 and 0.02(-2.5,2.54); HFA versus VR: Glaucoma: 0.92 and 1.67(-3.09, 6.43) Normal: 0.77 and 2.47(0.03,4.91); (p&lt;0.001 for ICCs). <b>Conclusion:</b> The test-retest reliability of both prototypes was similar to that of the HFA for glaucoma. The consistency of the new prototypes with the HFA was very good to excellent for glaucoma.</p>



ABSTRACT NO.	FP100
TITLE	Make GATT Multifaceted with ACM: From a Money-saver to an eye-saver
CHIEF AUTHOR	Dr. Siddharth Dikshit
PRESENTING AUTHOR	Dr. Yashas Goyal
CO-AUTHOR(S)	Dr. Rashmi Krishnamurthy, Dr. Sirisha Senthil
SYNOPSIS	<p>We aim to report the efficacy and safety of GATT performed with an anterior chamber maintainer (ACM). Failure was defined as an IOP&gt;21mmHg, &lt;20% reduction in IOP or any additional intervention. 16 eyes of 15 patients (6: GATT alone, 10: Phaco-GATT) were included. In 4 eyes, ACM was used to clear compromised view due to persistent I ntra-op bleed. Mean follow-up (FU) was 20±12.6months (10 eyes &gt;2 years). At the last FU, 15 eyes met the success criteria (1 eye required trabeculectomy). Significant change was noted in vision ( 0.52±0.43 to 0.32±0.87logMAR units) IOP (22.4±8.8 to 14.5±3.2mmHg) &amp; no. of AGMs (3.9±0.8 to 1.2±1.6). In 3 eyes only 180° GATT was possible. 7 eyes with hyphema on day 1, resolved spontaneously. No other complications were noted. Of the 10 eyes with complete visual field data, MD changed from -15.39 to -17.17 dB. GATT with ACM is a safe and effective alternative to conventional GATT, can reduce the cost &amp; can even rescue the surgery in severe intraoperative bleed.</p>



<b>ABSTRACT NO.</b>	<b>FP102</b>
<b>TITLE</b>	<b>Two-year outcomes of combined phacoemulsification &amp; Ab interno Tanito microhook trabeculotomy in OAG</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Devendra Maheshwari</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Devendra Maheshwari</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Madhavi Ramanatha Pillai, Dr. Nimrita Gyanchand Nagdev, Dr. Shivam Gupta</b>
<b>SYNOPSIS</b>	<p><b>Aim:</b> Efficacy of Tanito microhook trabeculotomy with phaco in OAG.</p> <p><b>Methods &amp; materials:</b> Prospective &amp; comparative study. Included 93 eyes (45 Phaco (P) grp ,48T anito-phaco (T-P) grp). Data collected at 2 wks,1,3, 6,12 &amp; 24 mnths. IOP, BCVA &amp; AGM evaluated at baseline &amp; compared. Surgical success defined as IOP <math>\leq 21</math> /<math>\leq 18</math> /<math>\leq 15</math> with <math>&gt; 20\%</math> ,<math>25\%</math> , &amp; <math>30\%</math> reduction from baseline resp (Criteria1,2 &amp;3). Complications, secondary interventions &amp; risk analysis evaluated. <b>Results:</b> Mean (SD)IOP decreased from <math>24.20 \pm 6.60</math> to <math>18.29 \pm 2.82</math> &amp; <math>24.31 \pm 6.54</math> to <math>15.23 \pm 4.96</math> in Pgrp &amp; T-Pgrp resp at 24 mnths (<math>p &lt; 0.001</math>). Mean AGM reduced from <math>1.36 \pm 0.57</math> to <math>1.53 \pm 0.65</math> &amp; <math>1.50 \pm 0.68</math> to <math>0.40 \pm 0.73</math> in P grp &amp; P-T grp by 24 mnths (<math>p &lt; 0.001</math>). Criteria1,2&amp;3; Complete &amp; Qualified success in Pgrp (0%,0%,0%),P-Tgrp (66.7%, 64.6%, 43.8%) &amp; Pgrp (57.8%, 40%, 20%), P-Tgrp (16.7%,8.3%,0%) at 24 mnths. In P-T grp ,microhyphema (4), macrohyphema (2), &amp; 1ACwash. <b>Conclusion:</b> Tanito microhook trabeculotomy with phaco is safe &amp; efficacious in OAG.</p>





ABSTRACT NO.	FP105
TITLE	CYP1B1-Related Neonatal Glaucoma with Keratopathy: Genotypes and Management Outcomes
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinya Kolipaka
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p>To report genotypes and management outcomes in children with neonatal glaucoma and central corneal opacity. Children with neonatal glaucoma, dense corneal haze (without kerato-lenticular adhesion) underwent whole-exome sequencing. Cases with CYP1B1 variants underwent variant analysis and correlated with disease severity and outcomes. 12 children were biallelic for 10 CYP1B1 variants. 96%(23/24 eyes) had dense corneal haze (mean haze score <math>4.08 \pm 0.7</math>; corneal diameter <math>11.63 \pm 1.26</math> mm) Mean preoperative IOP of <math>27.25 \pm 9.88</math> mmHg, reduced to <math>16.79 \pm 9.5</math> mmHg with <math>2.39 \pm 1.3</math> medications. Each eye underwent average of 1.9 surgeries; 58% needed glaucoma drainage devices. Visual rehabilitation needed optical iridectomy in 6 eyes and keratoplasty in 2 eyes, both developed graft infections, one recovered, one progressed to phthisis. Biallelic CYP1B1 variants are associated with severe phenotype and refractory glaucoma needing multiple surgical interventions and cautious visual rehabilitation.</p>



ABSTRACT NO.	FP106
TITLE	Artificial intelligence to predict sensitivity of diagnostic parameters for early glaucoma.
CHIEF AUTHOR	Dr. Ankit Arvindbhai Shah
PRESENTING AUTHOR	Dr. Ankit Arvindbhai Shah
CO-AUTHOR(S)	Dr. Sushma Tejwani
SYNOPSIS	<p><b>Purpose:</b> To evaluate the diagnostic ability of perimetry programs 24-2, 24-2C, 10-2 and OCT parameters in glaucoma suspects using artificial intelligence (AI). <b>Methods:</b> Prospective, cross sectional study with 271 glaucoma suspect eyes and 72 normal eyes that underwent perimetry 24-2C, 24-2, 10-2 and OCT. The individual retinal sensitivities of each point in perimetry test grid, VFI, PSD, MD, mean &amp; standard deviation of points in 10*, 20* and 30* annular zones of the test grid and OCT parameters were analysed using Naïve Bayes and Random Forest model of AI. <b>Results:</b> AI classified the best AUC with 24-2C amongst perimetry program and was 0.629, however once the OCT parameters were added, it improved to 0.951 with precision of 0.893. Four OCT and 4 VF 24-2c parameters were found among top 10 best predictive parameters by AI with top one being inferior RNFLT (gain ratio 0.67). <b>Conclusion:</b> Structural parameters along with perimetry data have good sensitivity in detecting early glaucoma.</p>



ABSTRACT NO.	FP108
TITLE	Long-term outcomes of Ahmed Glaucoma valve in ciliary sulcus in refractory glaucomas of Indian Eyes
CHIEF AUTHOR	Dr. Gazella Bruce Warjri
PRESENTING AUTHOR	Dr. Gazella Bruce Warjri
CO-AUTHOR(S)	Dr. Dewang Angmo, Dr. Tanuj Dada, Dr. Viney Gupta
SYNOPSIS	<p><b>Purpose:</b> To evaluate the long-term efficacy and safety of ciliary sulcus placed AGV tube in refractory glaucomas. <b>Methods:</b> A prospective interventional study was conducted in 15 eyes of 15 patients. Success was defined as an IOP <math>&gt;5</math> and <math>\leq 21</math> mmHg and/or 20% reduction from baseline with or without medication; with no loss of light perception or vision-threatening severe complications. <b>Results:</b> The mean follow-up after AGV implantation was <math>23.3 \pm 20.6</math> months. The mean pre-operative IOP decreased from <math>33.4 \pm 7.5</math> mmHg to <math>16.5 \pm 4.1</math> mmHg (<math>p &lt; 0.0001</math>) and the number of AGMs reduced from <math>5 \pm 1.1</math> at baseline to <math>0.9 \pm 0.4</math> at final follow up (<math>p = 0.0001</math>). The cumulative probability of success was 83.3% at 6 months, 77.8% at 1 year and 71% at 2 years. A median endothelial cell loss of 10% was noted at 12 months. <b>Conclusions:</b> Ciliary sulcus placement of the tube of AGV effectively reduces IOP and medications in refractory glaucomas and has relatively good long-term outcomes.</p>





ABSTRACT NO.	FP110
TITLE	2-year outcomes of Gonioscopy-Assisted Transluminal Trabeculotomy (GATT) in Pediatric Glaucoma
CHIEF AUTHOR	Dr. Sushmita Kaushik
PRESENTING AUTHOR	Dr. Anchal Gera
CO-AUTHOR(S)	Dr. ManiK, Dr. Surinder S Pandav, Dr. Vyshak A S
SYNOPSIS	<p>48 eyes of 38 children with glaucoma presenting with corneal clarity upto grade 2 were recruited. Primary outcome was the reduction in intraocular pressure (IOP) relative to the extent of the angle treated. Secondary outcomes included factors affecting failure and surgical complications. Success was defined as IOP <math>\leq 21</math> mmHg post-surgery without or up to four topical medications. 60% were Primary congenital glaucoma (PCG), 16% non-acquired ocular anomalies, and 14.6% acquired conditions. 38 eyes completed 2year follow-up. Mean IOP and medication decreased from <math>25.7 \pm 10.5</math> mmHg on 2 drugs to <math>15.6 \pm 5.4</math> mmHg (<math>P &lt; 0.01</math>) on 1drug. The success rates decreased over time; 90%, 87% &amp; 73% at 6m, 1 yr and 2yrs respectively. Successful outcome was noted with early age of presentation, degrees of angle treated, and diagnosis of PCG and acquired glaucoma. Hyphema was noted in 56% cases, all resolved spontaneously. Best outcomes are seen in PCG followed by acquired and non-acquired glaucoma, respectively.</p>



ABSTRACT NO.	FP113
TITLE	Minimally Invasive Glaucoma Surgery (MIGS) as a procedure after failed filtration surgery
CHIEF AUTHOR	Dr. Amit Pandey
PRESENTING AUTHOR	Dr. Amit Pandey
CO-AUTHOR(S)	NA
SYNOPSIS	<p><b>Purpose:</b> To assess the IOP-lowering efficacy and performance of iStent inject in glaucoma patients with uncontrolled IOP after failed trabeculectomy. <b>Methods:</b> Retrospective study of 22 eyes (21 patients) with POAG, PXG, or secondary glaucoma who underwent iStent inject after failed trabeculectomy. IOP and anti-glaucoma medication (AGM) use were evaluated pre-op and up to 1-year post-op. <b>Results:</b> Mean IOP significantly reduced from <math>22.5 \pm 4.6</math> to <math>15.5 \pm 3.4</math> mmHg at 1 year (<math>p = 0.012</math>). Mean AGM use decreased from <math>2.6 \pm 1.2</math> to <math>2.25 \pm 1.5</math> but was not statistically significant (<math>p &gt; 0.05</math>). No major intra- or post-op complications were noted. Failure rate was 27.3%. <b>Conclusion:</b> iStent inject can provide effective IOP reduction after failed trabeculectomy in advanced glaucoma, though most patients require continued medical therapy. Careful patient selection is essential due to the modest failure rate.</p>



ABSTRACT NO.	FP117
TITLE	Outcomes of viscoelastic agent fill at the end of AGV implantation – a case- control study
CHIEF AUTHOR	Dr. Amit Bidasaria
PRESENTING AUTHOR	Dr. Amit Bidasaria
CO-AUTHOR(S)	Dr. Shantha Balekudaru, Dr. Vidya Wadke
SYNOPSIS	<p>To assess the effectiveness of viscoelastic fill at end of AGV implantation in preventing hypotony complications and on IOP outcomes. Retrospective study on 83 pts (87 eyes), 37 cases with viscoelastic fill (May 2019-Jan 2021) and 50 historic controls (Feb 2001-Nov 2014). Mean preop IOP in cases: <math>24.75 \pm 9.93</math> mmHg (mean <math>3.29 \pm 0.84</math> medications), controls: <math>26.28 \pm 7.73</math> mmHg (mean <math>3.34 \pm 0.84</math> medications) (<math>p=0.424</math>). On day 1, mean IOP in cases: <math>16.14 \pm 4.1</math> mmHg and in controls: <math>13.14 \pm 7.6</math> mmHg (<math>p=0.038</math>). 4 cases, 7 controls had IOP <math>&gt;21</math> mmHg (<math>p=0.69</math>). Postop hypotonic complications (IOP <math>&lt;6</math> mmHg/Serous CD/shallow AC) were comparable in both groups (<math>n=2</math> in cases, <math>n=5</math> in controls, <math>p=0.47</math>). At last follow-up (<math>40.3 \pm 22.9</math> months for cases, <math>94.5 \pm 62.3</math> months for controls), mean IOP (<math>15.43 \pm 5.08</math> in cases, <math>14.3 \pm 5.70</math> in controls, <math>p=0.49</math>); mean number of medications (<math>1.43 \pm 1.12</math> in cases, <math>1.9 \pm 1.27</math> in controls, <math>p=0.077</math>). Viscoelastic fill at end of AGV implantation did not change incidence of hypotonic complications in early postop period.</p>





ABSTRACT NO.	FP126
TITLE	Role of IL-6/STAT3 in Immunological Homeostasis of Glaucomatous Irises and Filtering Bleb Outcomes
CHIEF AUTHOR	Dr. Suneeta Dubey
PRESENTING AUTHOR	Dr. Suneeta Dubey
CO-AUTHOR(S)	Dr. Anil Tiwari, Dr. Julie Pegu, Dr. Nisha Sinha
SYNOPSIS	<p><b>Objective:</b> To investigate the expression patterns of inflammatory mediators, with a focus on the IL-6/STAT3 in the irises of glaucoma patients and their influence on surgical outcomes. <b>Methods:</b> Iris tissues obtained from glaucoma patients during surgery and compared with cadaveric controls. The expression of IL-6, its receptor components (IL-6R and gp130), STAT3, and other genes involved in proliferation, apoptosis, and fibrosis was analyzed by Real-Time PCR on the RNA extracted from these tissues. <b>Results:</b> Significant downregulation of IL-6, IL-6R, gp130, STAT3, and associated proliferation-related genes was observed compared to controls. The success of trabeculectomy was 94.11% at three months postoperatively. <b>Conclusions:</b> Results imply that cytokine homeostasis may affect the effectiveness of surgical procedures intended to control intraocular pressure and provide new insights into the function of the IL-6/STAT3 in regulating immune responses within the iris in glaucoma patients.</p>



# FREE VIDEOS



ABSTRACT NO.	VT3
TITLE	Beyond Sight –
CHIEF AUTHOR	Dr. Manju R Pillai
PRESENTING AUTHOR	Dr. Manju R Pillai
CO-AUTHOR(S)	NA
SYNOPSIS	<p>This video is about a field study conducted and its subsequent results over a period of 4 years as a long term follow up. The objective of this study was to understand the reasons for adherence to long-term follow-up of children with childhood glaucoma and to design treatment and care for patients (clinical), and also to design and evaluate the impact of interventions to improve adherence to follow-up. This field survey covered 1400 km, in 10 districts, traversing all barriers to drive the darkness out and to search for a seed of hope, in diversity. The video shows how individual attention and care could bring help to children in improving their life style and continue with their education. This also helps us to understand the challenges faced by these under privileged children and how to have personalised care for a better future. This video showcases on how the lives could be changed and improved with personalised care to become sustainable.</p>





ABSTRACT NO.	VT4
TITLE	“Oil’s well that ends well” – addressing elevated intraocular pressure in Silicone oil filled eyes.
CHIEF AUTHOR	Dr. Zia Sultan Pradhan
PRESENTING AUTHOR	Dr. Zia Sultan Pradhan
CO-AUTHOR(S)	Dr. Rishika Lakshminarayana, Dr. Sathi Devi AV, Dr. Shruthi S
SYNOPSIS	<p>Silicone oil is an effective internal tamponade in complex retinal detachment surgeries but can cause raised intraocular pressure (IOP) and secondary glaucoma in 22.5% of cases. Multiple mechanisms play a role in the etiology of this condition, and these differ in the early and late post-operative periods. In the early post-operative period, raised IOP may be due to overfill of oil, pupillary block or anterior migration of the silicone oil. This video showcases several cases of silicone oil causing havoc in the early post-operative period. It highlights clinical signs useful in identifying the mechanism of glaucoma. It also demonstrates the range of treatment modalities available (partial oil removal, laser/ surgical iridotomy, iridoplasty, goniosynechiolysis) to address the specific problem and re-establish aqueous outflow. Prompt institution of appropriate measures can restore the angle anatomy, often resulting in complete resolution of the elevated IOP and prevention of glaucoma.</p>



ABSTRACT NO.	VT7
TITLE	Perkins Applanation - An Ergonomic Approach
CHIEF AUTHOR	Dr. Anamika Paul
PRESENTING AUTHOR	Dr. Anamika Paul
CO-AUTHOR(S)	Dr. Anamika Paul, Dr. Neethu Mohan
SYNOPSIS	<p>Intraocular pressure measurement is critical in the management of glaucoma. The Perkins applanation tonometer, a portable alternative to the gold standard, Goldmann applanation tonometer. However, patient proximity and repeated bending during use can lead to respiratory infections and musculoskeletal discomfort in high-volume outpatient departments. We propose a simple, cost-effective solution by integrating a lightweight, high-definition wireless camera with the Perkins, allowing real-time visualization on a mobile screen. This eliminates need for constant bending, enhancing clinician comfort. This modification facilitates ergonomic IOP measurement, reduces risk of airborne infections and enables real-time display in operating rooms and paediatric examinations under anaesthesia. It holds potential for use in teleophthalmology. With short learning curve, this innovation can be easily adopted by clinicians and support staff, making applanation tonometry more efficient and sustainable.</p>



<b>ABSTRACT NO.</b>	<b>VT9</b>
<b>TITLE</b>	<b>"Taming the Tight Space: Safe Cataract Surgery in Eyes with Axial Length 16 mm"</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Monika Arora</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Monika Arora</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>Phacoemulsification in eyes with an axial length of 16 mm or less presents significant intraoperative challenges due to shallow anterior chambers, increased posterior pressure, and thickened sclera typical of nanophthalmos. These anatomical factors increase the risk of complications such as iris prolapse, capsular block syndrome, uveal effusion, and malignant glaucoma. This presentation outlines a stepwise, customized surgical protocol to enhance intraoperative safety in these high-risk cases. Key strategies include preoperative use of cycloplegics and osmotic agents, judicious use of high-viscosity OVDs, low-flow phaco parameters, controlled hydro dissection, and careful IOL selection. We highlight surgical pearls, instrumentation tips, and decision-making algorithms to help surgeons anticipate and prevent complications. This evidence-informed approach empowers cataract surgeons to safely manage nanophthalmic eyes, improving both visual outcomes and surgical confidence.</p>





<b>ABSTRACT NO.</b>	<b>VT13</b>
<b>TITLE</b>	<b>“Untying The KNOTS ”- Mastering Surgical Precision in Suture GATT</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Prasanna Venkatesh Ramesh</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Prasanna Venkatesh Ramesh</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Pavithra Pannerselvam</b>
<b>SYNOPSIS</b>	<p>The Suture GATT (Gonioscopy-Assisted Transluminal Trabeculotomy) technique represents a pioneering advancement in the surgical management of glaucoma. This video presentation offers a comprehensive guide in executing the Suture GATT technique, providing a detailed walkthrough of the surgical steps, instrumentation, and critical manoeuvres. Through a combination of didactic explanation and high-definition surgical footage, this video elucidates the precise anatomical and surgical landmarks necessary for successfully implementing the Suture GATT technique. Furthermore, the video showcases 1. Patient selection criteria. 2. Alignment and arrangements. 3. Direct gonioscopy technique 4. Failed mushroom tip 5. Kink in suture. 6. Restricted entry 7. Smooth movement ended in the false pathway 8. Intraoperative confirmation of suture location 9. 270-degree GATT 10. 360-degree GATT.</p>



ABSTRACT NO.	VT15
TITLE	Clinical Applications of Aqueous Angiography
CHIEF AUTHOR	Dr. Nitika Beri
PRESENTING AUTHOR	Dr. Nitika Beri
CO-AUTHOR(S)	Dr. Anuja Patil, Dr. Dewang Angmo, Dr. Tanuj Dada
SYNOPSIS	<p>Aqueous Angiography (AA) is a new technique for in vivo functional evaluation of conventional Aqueous Humor Outflow (AHO) pathways. This video demonstrates the outcomes of AA-guided MIGS in high-flow and low-flow regions. It introduces the new concept of performing AA-guided trabecular cutting MIGS in low-flow regions to achieve better results. AA evaluation of failed MIGS causing rebound rise in IOP due to fibrosis with loss of previously functional channels, has been demonstrated in this video. AA assessment of intraoperative functionality of stents/incisions can ensure patency of MIGS procedures and provide a window of opportunity to perform surgical adjustment in the same sitting if required. This video is a demonstration of the clinical applications of AA. This can help improve the results of present MIGS procedures in future.</p>



ABSTRACT NO.	VT16
TITLE	Unravelling the mystery of caterpillar hair in the anterior chamber angle
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	NA
SYNOPSIS	<p>Ophthalmia nodosa is an ocular inflammatory condition triggered by the embedment and migration of insect hairs, commonly caterpillar setae, into ocular tissues. These hairs possess a unique ability to penetrate deep into tissue over time, causing chronic inflammation due to the release of the toxin thaumetopoein. Intraocular penetration of hair is rare but can lead to severe complications, including vision-threatening vitreoretinal involvement. This video demonstrates the rare presentation and the nuances in removing the hair from the AC angle.</p>





ABSTRACT NO.	VT20
TITLE	Enhancing Surgical Precision: The Role of Intraoperative OCT in Trabeculectomy
CHIEF AUTHOR	Dr. Pankaj Bendale
PRESENTING AUTHOR	Dr. Sania Gulwani
CO-AUTHOR(S)	Dr. Mahavir Mukundarao Khandharwar, Dr. Sania Gulwani
SYNOPSIS	<p>This video presentation explores the role and use of intraoperative Optical Coherence Tomography (iOCT) in trabeculectomy surgery, a key procedure for managing glaucoma. iOCT provides real-time, high-resolution imaging that enhances surgical precision by allowing visualization of tissue planes, corneal incision, scleral flap depth, and aqueous outflow pathways during surgery. The integration of iOCT helps in immediate intraoperative adjustments, potentially improving surgical outcomes and reducing postoperative complications. Through surgical footage and expert commentary, the video demonstrates how iOCT assists in decision-making and technique refinement. This presentation aims to highlight the clinical value of iOCT as an evolving tool in ophthalmic surgery, fostering improved patient outcomes and advancing surgical standards. It is especially relevant for ophthalmic surgeons, educators, and trainees aiming to adopt image-guided strategies in anterior segment surgery.</p>



ABSTRACT NO.	VT26
TITLE	Aurodropsmart - anything that can be measured, can be improved!
CHIEF AUTHOR	Dr. Neethu Mohan
PRESENTING AUTHOR	Dr. Neethu Mohan
CO-AUTHOR(S)	Dr. Anamika Paul, Dr. Deepa Ramamoorthy
SYNOPSIS	<p>The cornerstone of glaucoma treatment is the regular use of intraocular pressure (IOP) lowering eye drops, which must be administered multiple times a day, and at precise intervals. Literature suggests that 30% to 70 % of patients with glaucoma do not adhere to medications leading to fluctuations in IOP and progression of visual field defects. The commonest reason quoted for non-adherence being, forgetfulness. Aurodrop Smart, is an innovative and cost-effective smart reminder device, that supports patients in adhering to medication schedules and gives a real-time feed-back on compliance. Device features include, medication reminders, digital display and calendar interface, customizable dose timings, two compartment design and a real time compliance score. The device is handy, portable, light weight, cost effective and powered by AA batteries. This video provides an in-depth overview of the device, its features and the rationale for its application in glaucoma therapy.</p>



<b>ABSTRACT NO.</b>	<b>VT27</b>
<b>TITLE</b>	<b>Secondary Angle Closure Glaucoma – When PI is Not the Answer</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Sahiti Puttagunta</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Sahiti Puttagunta</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Gowri Pratinia Kolipaka, Dr. Sirisha Senthil</b>
<b>SYNOPSIS</b>	<p>Angle closure glaucoma is a common entity. It can be either primary, where relative pupillary block causes occludable and eventual closed angles or secondary where angle closure disease is due to anterior pulling mechanism, posterior pushing mechanism or absolute pupillary block. While PI is the standard for primary angle closure (relative pupillary block) and even absolute pupillary block, secondary mechanisms (anterior pulling or posterior pushing mechanisms) do not benefit. In this video, we elucidate this concept with the help of case scenarios emphasizing that PI only addresses pupillary block and can sometimes be detrimental in other situations with a special mention on red flag signs to suspect secondary angle closure.</p>





ABSTRACT NO.	VT31
TITLE	Rescuing the failing bleb: Mastering the art of bleb needling.
CHIEF AUTHOR	Dr. Shivam Gupta
PRESENTING AUTHOR	Dr. Shivam Gupta
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Madhavi Ramanatha Pillai, Dr. Swati Upadhyaya
SYNOPSIS	<p>Once the conservative treatment fails, surgical intervention by bleb needling is the next step to maintain functioning bleb. It re-establishes the fistula from the anterior chamber to a subconjunctival bleb. Bleb needling aims to create an opening in the wall of an encapsulated bleb or raise a flattened bleb with a small gauge needle via subconjunctival insertion at the slit-lamp or in the operating room. Purpose: This video-based skill transfer depicts detailed steps of bleb needling both in Operation theatre as well as in the outpatient department on Slitlamp. Synopsis Basic bleb needling indications and prerequisites are elaborated in the video. Authors share there tips and tricks of performing bleb needling in phakic and pseudophakic patients augmented with injection mitomycin C. Different techniques of bleb needling using needle or Grover's spatula (ab interno) are demonstrated. The authors also describe how they perform slit lamp bleb needling.</p>



ABSTRACT NO.	VT33
TITLE	Flap it Right
CHIEF AUTHOR	Dr. Anjali Mahesh Wadhwa
PRESENTING AUTHOR	Dr. Anjali Mahesh Wadhwa
CO-AUTHOR(S)	Dr. Vidya Wadke
SYNOPSIS	<p>To navigate through difficult situations and complications during scleral flap dissection in trabeculectomy. Trabeculectomy aims to allow filtration of aqueous in subconjunctival space, ensuring an optimum intraocular pressure as well as maintaining the anatomy of the globe. A well dissected and an adequate depth scleral flap forms the most important part of the trabeculectomy. There are a few possible complications related to scleral flap creation, such as superficial dissection, partial or total disinsertion of the flap or formation of buttonholes. In this video, we present to you few such complications – partial disinsertion, complete disinsertion and their management. The intraoperative scleral flap complications were managed satisfactorily from the patient's own sclera bed in one case and donor sclera flap in another eye. Scleral flap related complications can be managed effectively with good trabeculectomy outcomes.</p>



<b>ABSTRACT NO.</b>	<b>VT36</b>
<b>TITLE</b>	<b>A novel adjunct Autograft tissue to rescue an overfiltering bleb</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Meena Menon</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Meena Menon</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Nischala Balakrishna</b>
<b>SYNOPSIS</b>	<p>Ocular hypotony is an uncommon yet vision-threatening sequelae following filtration surgery. It can present late and manifest in the form of hypotonus maculopathy in an otherwise asymptomatic patient. In cases of a chronic, over filtering bleb, use of Platelet-rich fibrin (PRF) along with a scleral patch graft helps create additional outflow resistance. We present one such case of a 60-year-old male with bilateral aphakia and hypotonus maculopathy following trabeculectomy, wherein, a PRF membrane sutured with a scleral patch graft helped alleviate hypotony and maintain satisfactory intraocular pressures postoperatively. PRF membrane is a blood concentrate rich in platelets, releasing growth factors, accelerating fibrin formation. It helps in tissue healing and makes it biocompatible to help seal leaks in a hypotonus bleb and makes it a potential alternative to Amniotic Membrane in cases of complicated t rabeculectomy surgeries.</p>





<b>ABSTRACT NO.</b>	<b>VT38</b>
<b>TITLE</b>	<b>AGV Implantation in Severe Ocular Cicatrization: Managing Drug-Induced Pseudopemphigoid</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Niyatee Uniyal</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Niyatee Uniyal</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Julie Pegu</b>
<b>SYNOPSIS</b>	<p>A 76-year-old male presented with redness post-trabeculectomy, on maximal medical therapy. Examination revealed diffuse conjunctival congestion, a failed bleb, symblepharon, corneal scarring, SPK, and peripheral vascularization. Diagnosed as drug-induced ocular pseudopemphigoid causing conjunctival cicatrization (Foster stage 3). AGV implants were performed in both eyes. Postoperatively, vision improved to 6/60 (RE) and 6/18 (LE), and improved ocular condition with IOP in the mid-teens bilaterally. This video highlights the surgical challenges of AGV implantation in eyes with symblepharon and extensive conjunctival scarring, emphasizing careful tissue handling and implant placement.</p>



<b>ABSTRACT NO.</b>	<b>VT42</b>
<b>TITLE</b>	<b>Thrice Exposed, Not Disposed: Salvaging a Glaucoma Implant After Recurrent Tube Erosions</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Ashna Gupta</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Ashna Gupta</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Sirisha Senthil</b>
<b>SYNOPSIS</b>	<p>Tube erosion remains one of the most dreaded complications of glaucoma drainage devices, and recurrent episodes often warrants implant explantation. We present a unique case of a 72-year-old male with secondary glaucoma with history of recurrent tube erosion post Ahmed glaucoma valve (AGV) implantation. The patient, presented to us with a previously twice-repaired tube erosion. There was conjunctival defect and a tube exposure 1-3 mm from the limbus. Understanding the cause of erosion, reason for repeated failure of repair is important to plan appropriate surgical intervention and to salvage the situation. This required an extensive surgery including tube redirection, sealing the fragile anterior tube track, achieving robust coverage with patch graft and conjunctival advancement. In this video we share our learnings and technique for not only achieving anatomical integrity but also for long-term surgical success and prevent recurrences.</p>



ABSTRACT NO.	VT47
TITLE	Illuminating the angle, enhancing precision –Navigating MIGS with Swept source AS -OCT
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev, Dr. Shivam Gupta
SYNOPSIS	<p>Anterior Segment Optical Coherence Tomography (AS OCT) is revolutionizing MIGS by bringing high resolution, non-contact visualization of the anterior chamber angle, Schlemm's canal, and trabecular meshwork. This focused video explores the pivotal role of Swept source AS OCT in optimising MIGS. From detailed angle assessment to precise device placement and post-operative evaluation, it provides critical anatomical insights that elevate surgical planning and enhance outcomes. With high-resolution I imaging and reproducible metrics, AS OCT has become a valuable tool for glaucoma specialists. This video offers valuable insights and case-based discussion of various MIGS into leveraging AS OCT to add precision to the MIGS workflow</p>





ABSTRACT NO.	VT50
TITLE	Rescue Mission - “MIGS unlocked in complex glaucoma management”
CHIEF AUTHOR	Dr. Devendra Maheshwari
PRESENTING AUTHOR	Dr. Devendra Maheshwari
CO-AUTHOR(S)	Dr. Madhavi Ramanatha Pillai, Dr. Nimrita Gyanchand Nagdev, Dr. Shivam Gupta
SYNOPSIS	<p>Traditional trabeculectomy may not be feasible due to factors such as conjunctival scarring, high-risk ocular surfaces, or patient comorbidities. This presentation explores the evolving role of Minimally Invasive Glaucoma Surgery (MIGS) as a viable and effective alternative in such challenging scenarios. With a focus on safety, faster recovery, and conjunctiva-sparing techniques, MIGS offers new hope for patients who are not candidates for traditional filtering surgery. Through real-world cases, surgical videos, and outcome data, this session highlights the applicability of various MIGS procedures—including GATT, Goniosynechiolysis, Tanito microhook trabecuotomy—in situations where trabeculectomy is either contraindicated or high-risk like coloboma, angle closure. It provides a glimpse of newer goniotomies which promises more safety profile. This video aims to equip ophthalmologists with practical insights to expand their surgical toolkit and improve glaucoma care in complex settings.</p>



<b>ABSTRACT NO.</b>	<b>VT51</b>
<b>TITLE</b>	<b>Phaco with modified NPDS using Sub-Flap Mattress suture - An Economic and effective step</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Rakesh Shakya</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Rakesh Shakya</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Navjot Ahluwalia</b>
<b>SYNOPSIS</b>	<p>Nonpenetrating deep sclerectomy (NPDS), is a filtering surgery where the internal wall of Schlemm's canal is excised, allowing sub-conjunctival filtration without actually entering the anterior chamber. I am presenting a video of phacoemulsification-intraocular lens (IOL) implantation-combined with an economic step in NPDS in cases of advanced primary open angle glaucoma with visually significant cataract. I using the 10-0 suture as a Sub-flap Mattress Suture appears to be an economic, effective and safe filtering procedure for lowering IOP and could be an alternative to phaco trabeculectomy in open angle glaucoma with less complications.</p>



ABSTRACT NO.	VT52
TITLE	A (B-Interno Trabeculotomy) B (Lue Dye Injection) C (AS-OCT) for MIGS
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Madhavi Ramanatha Pillai, Dr. Shivam Gupta
SYNOPSIS	<p>MIGS offers promising therapeutic approach for IOP reduction with favorable safety profile. While effective, optimizing surgical precision &amp; understanding the mechanisms of various MIGS procedures (Tanito microhook trabeculotomy, GATT, BANG, KDB trabeculotomy) can be quite challenging. This video shows utility of intraoperative blue dye for visualizing outflow pathways &amp; collateral vessels during MIGS, alongside the role of ASOCT in assessing post-surgical anatomical changes &amp; functional outcomes.</p> <p>Also, it highlights downstream visible blanching of veins which is likely evidence of nearby collector channel patency. This video underscores the value of blue dye in improving intraoperative guidance &amp; role of AS-OCT in elucidating anatomical &amp; functional success of MIGS. Combined, these modalities offer superior insights into mechanisms by which MIGS restores aqueous outflow, ultimately contributing to enhanced surgical outcomes &amp; helps in post-operative management for glaucoma patients.</p>





ABSTRACT NO.	VT54
TITLE	Bubble it up
CHIEF AUTHOR	Dr. Shahinur Tayab
PRESENTING AUTHOR	Dr. Shahinur Tayab
CO-AUTHOR(S)	NA
SYNOPSIS	<p>The identification of Schlemm's canal is of paramount importance for performing an External Trabeculotomy successfully. Unlike an adult eye the sclera in a child's eye is very elastic and easily gets stretched due to high intraocular pressure. Identifying the Schlemm's canal in a buphthalmic eye can be very challenging. A number of landmarks have been described for easy identification of the Schlemm's canal such as the junction of blue and white zone, entry of perforating vessels, a dip marking the scleral sulcus, etc. However, these landmarks are not easily noticeable in a stretched limbus. Here I have shown that by simply injecting air bubble into the anterior chamber the exact location where the angle ends can be seen. Making a scratch incision at the same site can exactly open up the Schlemm's canal roof.</p>



ABSTRACT NO.	VT55
TITLE	Healing from Within: Autologous Serum Eyedrops for Ocular Surface Recovery
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinya Kolipaka
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p>Anti-glaucoma medications (AGMs) play a crucial role in lowering intraocular pressure and preserving vision in glaucoma patients. However, chronic use, especially of preservative-containing AGMs can lead to ocular surface toxicity, causing discomfort, inflammation, and significant epithelial damage causing visual disturbances. While switching to preservative-free formulations or discontinuing the offending drug can help, some patients continue to experience recalcitrant ocular surface inflammation. This video explores the role of autologous serum eyedrops (ASE), a biologically compatible treatment derived from the patient's own blood. Rich in growth factors and nutrients, ASE offers targeted healing and improves surface integrity in recalcitrant cases. Through clinical examples and a step-by-step overview of ASE preparation, this video highlights how ASE offers a promising solution for patients who do not respond to conventional ocular surface therapies.</p>



<b>ABSTRACT NO.</b>	<b>VT57</b>
<b>TITLE</b>	<b>Tackling Late Postoperative Hypotony After Non-Valved Glaucoma Drainage Device Implantation</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Madhuri M.B</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Madhuri M.B</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Anamika Paul</b>
<b>SYNOPSIS</b>	<p><b>SYNOPSIS</b>Managing late postoperative hypotony is challenging following non valved glaucoma implants like AADI, but effective outcomes can be achieved through the use of external ligatures or intraluminal stenting of the tube. Reforming the anterior chamber with high molecular weight cohesive viscoelastics is a temporary measure in managing hypotony and doesn't address the underlying cause. External tube ligation can be done using either 6-0 /7-0 vicryl sutures, which are self-dissolving, or with 7-0 /8-0 nylon suture which is non absorbable and may need laser suturelysis later. Among these, ab interno tube stenting avoids reopening the conjunctival wound, which reduces the risk of bleeding,f ibrosis implant exposure compared to ab externo approach. Risks with intraluminal stents are anterior migration and chances of endothelial cell loss if suture touches the cornea. Various suture materials can be used for ab interno intraluminal stenting like 3-0 multifilament nylon / 3-0 polyamide (Supramid).</p>





ABSTRACT NO.	VT59
TITLE	Beginner's Walkthrough: Ahmed Glaucoma Valve Implantation Simplified
CHIEF AUTHOR	Dr. Pankaj Bendale
PRESENTING AUTHOR	Dr. Pankaj Bendale
CO-AUTHOR(S)	Dr. Mahavir Mukundarao Khandharwar, Dr. Sania Gulwani
SYNOPSIS	<p>This video offers a simplified, beginner-friendly walkthrough of the Ahmed Glaucoma Valve (AGV) implantation procedure. Aimed at ophthalmology trainees and early-career surgeons, it breaks down each surgical step—from conjunctival dissection and valve priming to precise plate placement and tube insertion. The presentation highlights essential anatomical landmarks, techniques for secure fixation, and methods to avoid common intraoperative complications. With a focus on clarity and practical execution, this guide is designed to build foundational surgical skills and enhance understanding of AGV implantation. Ideal for those seeking a straightforward visual introduction to this key glaucoma procedure.</p>



ABSTRACT NO.	VT61
TITLE	Successful repair of a damaged scleral flap with a partial-thickness scleral patch
CHIEF AUTHOR	Dr. Geeta Behera
PRESENTING AUTHOR	Dr. Geeta Behera
CO-AUTHOR(S)	NA
SYNOPSIS	<p>A 59-year-old man, a known case of primary angle closure glaucoma, pseudophakic and twice failed trabeculectomy (late failure over 10 years), was posted for repeat trabeculectomy in his right eye (refused GDD after explaining risks) for uncontrolled glaucoma (Right eye - BCVA: 6/9, IOP: 28 mmHg on 4 topical AGMs, Visual field MD: -30.12 dB; Left eye – BCVA: 6/6, IOP: 14 mmHg on 4 AGMs, Visual field MD: -25.8 dB). During the surgery, the thin scleral flap was perforated near the limbus. Attempts at suturing were unsuccessful. Subsequently, a partial thickness rectangular scleral patch was fashioned from the adjacent sclera. The area was successfully repaired, releasable sutures were applied, and a functioning bleb was achieved. At 3 months, his IOP was 14 mmHg (no AGMs). The video demonstrates the method of scleral flap repair.</p>



ABSTRACT NO.	VT64
TITLE	Ahmed glaucoma valve tube entry - planned into anterior chamber ... landed in sulcus ... What Next?
CHIEF AUTHOR	Dr. Vijaya Lakshmi Alle
PRESENTING AUTHOR	Dr. Vijaya Lakshmi Alle
CO-AUTHOR(S)	NA
SYNOPSIS	<p><b>SYNOPSIS</b> Whenever an Ahmed glaucoma valve tube entry is planned into anterior chamber, but the 23-gauge needle finds its path into sulcus instead of anterior chamber. In this video let's see the demonstration of easy trick to get our tube into desired path as planned into anterior chamber without making another new track, by continuing through the same old track.</p>





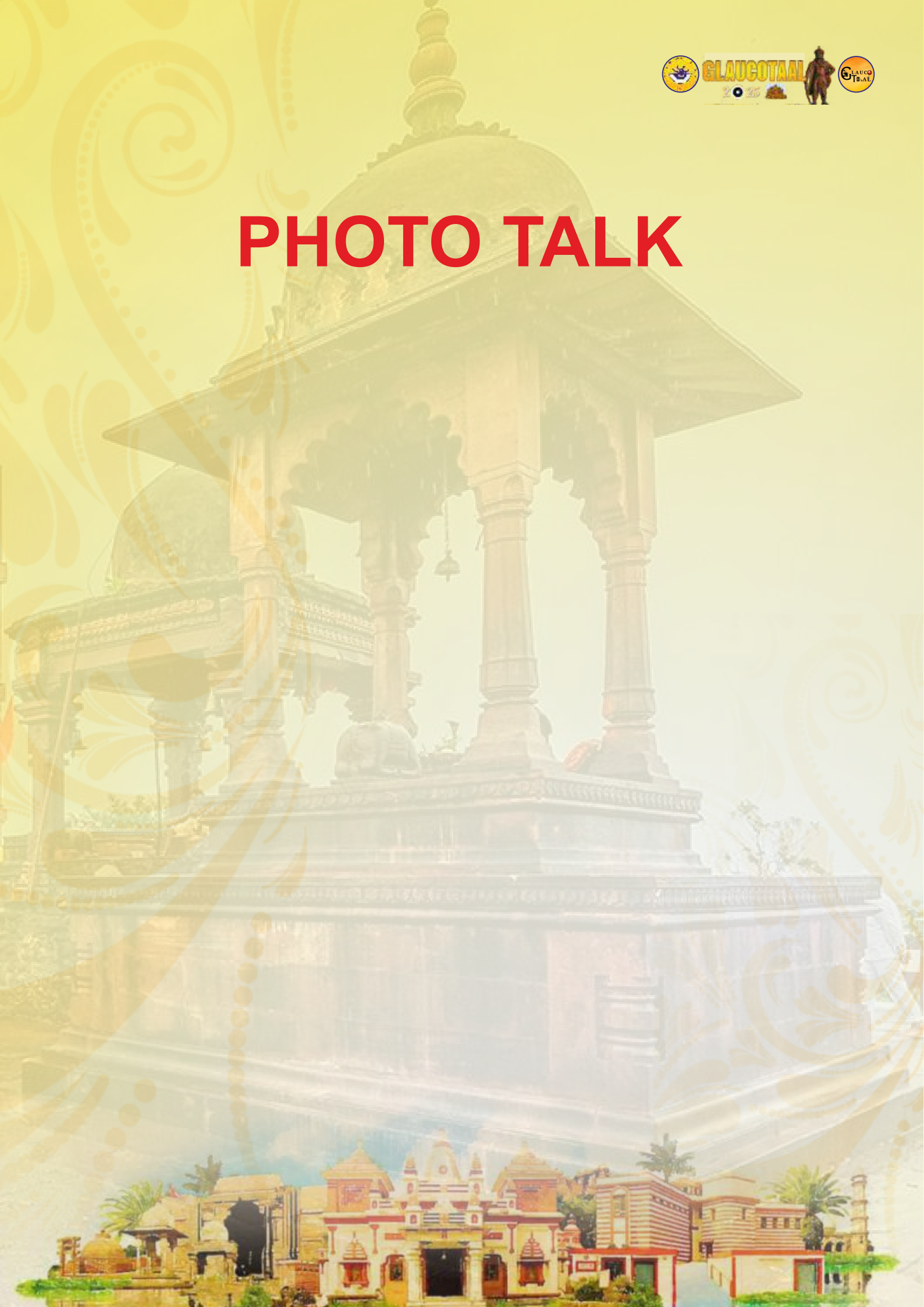
ABSTRACT NO.	VT65
TITLE	Ultrasound Biomicroscopy – Demystifying glaucoma in children
CHIEF AUTHOR	Dr. Divya Shetty
PRESENTING AUTHOR	Dr. Divya Shetty
CO-AUTHOR(S)	Dr. Smita Panda, Dr. Trupti Patil
SYNOPSIS	<p>Among patients presenting with childhood glaucoma associated with corneal involvement, the management varies depending on the lens, iris and angle status. Ultra-biomicroscopy (UBM) is an invaluable imaging modality which highlights the altered relationship between the anterior segment anatomical structures and helps us to understand the possible developmental etiology of glaucoma when corneal haze limits slit lamp and gonioscopic examination. In this video, we will discuss interesting UBM videos of 4 cases presenting with corneal opacities where management was planned based on UBM findings. UBM showed absence of lens suggesting congenital aphakia in 2 cases of which diode cyclophotocoagulation was planned in one, another monitored on medications. In one case with anteriorly subluxated lens, lensectomy with anterior vitrectomy with surgical peripheral iridotomy was done. In one case with partially developed subluxated lens nil intervention was planned in view of poor visual potential.</p>



ABSTRACT NO.	VT73
TITLE	A tale of tumbled Istent and its retrieval
CHIEF AUTHOR	Dr. Srishti Agarwal
PRESENTING AUTHOR	Dr. Srishti Agarwal
CO-AUTHOR(S)	Dr. Faisal T T, Dr. Surinder S Pandav
SYNOPSIS	<p>Dislocation of iStent due to hemorrhagic reflux from schlemm's canal is well described in literature. We describe a novel technique for effectively handling and re-inserting the tumbled iStent back into the trabecular meshwork (TM). A 57-year-old male patient with moderate primary open angle glaucoma (POAG) in both eyes was planned for iStent inject®W. Using direct gonioscopy nasal angle of left eye was visualised. iStent inject®W was introduced into the anterior chamber and first iStent was injected into the trabecular meshwork. Similarly, second iStent was injected into the TM 2-3 clock hours apart. However, the first iStent tumbled from its position in TM to above the iris into the anterior chamber and mild hyphema was noted. It was retrieved from the anterior chamber using end-grasping forceps. The retrieved iStent was re-loaded into the injector and iStent inject®W was re-introduced into the anterior chamber with successful injection of the iStent into the TM.</p>



# PHOTO TALK





ABSTRACT NO.	PT1
TITLE	Imaging of Trabeculectomy Bleb
CHIEF AUTHOR	Dr. Pradeep Balam
PRESENTING AUTHOR	Dr. Pradeep Balam
SYNOPSIS	In the SS OCT image scan,we can appreciate posterior chamber intraocular lens,patent surgical iridectomy,sclerostomy opening with clear subsclearal track and a parial thickness scleral flap and a well-formed bleb indicating good filtration.

ABSTRACT NO.	PT2
TITLE	Bad blood in the eye: Endocapsular hematoma
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
SYNOPSIS	Image A and B shows endocapsular hematoma - a complication seen after GATT. One can choose to conservatively manage with topical steroids, if t he blood clot is away from the visual axis, as in this patient who showed gradual resolution of the same



ABSTRACT NO.	PT3
TITLE	Fibrin block after phakic IOL: Take diversion
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
SYNOPSIS	Image A (AS OCT) shows pupillary block due to fibrin membrane 2 days after an uneventful phakic IOL implantation. Slit lamp images show shallow anterior chamber with iris bombe. UBM shows pupillary block and a well-placed phakic IOL.

ABSTRACT NO.	PT4
TITLE	Too Round to Stay Grounded: Anterior Displacement of the Lens in Microspherophakia
CHIEF AUTHOR	Dr. Anamika Paul
PRESENTING AUTHOR	Dr. Anamika Paul
SYNOPSIS	Came for new glasses, left with a diagnosis. High myopia and shifting refraction revealed a spherical lens gradually prolapsing into the anterior chamber—courtesy of zonules that gave up early. Microspherophakia was the final reveal.



ABSTRACT NO.	PT5
TITLE	Anterior Segment Anarchy: A Detached Schwalbe's Line Demands Attention
CHIEF AUTHOR	Dr. Anamika Paul
PRESENTING AUTHOR	Dr. Anamika Paul
SYNOPSIS	Post-trauma, cataract surgery revealed a white, cord-like structure in the anterior chamber, mimicking retained foreign body. Gonioscopy suggested a detached Schwalbe's line. UBM confirmed the diagnosis, avoiding unnecessary intervention.

ABSTRACT NO.	PT7
TITLE	Aqueous in Transit: Trabeculo Descemets Window under the spotlight
CHIEF AUTHOR	Dr. Yamini K
PRESENTING AUTHOR	Dr. Yamini K
SYNOPSIS	Gonioscopy (A) shows a translucent Trabeculo-Descemets Window (TDW) (white arrow). UBM (B) highlights an intact TDW (horizontal arrow) and well-formed intrascleral lake (vertical arrow), indicating successful aqueous percolation post deep sclerectomy.





ABSTRACT NO.	PT8
TITLE	Wooly web eye
CHIEF AUTHOR	Dr. Deepa Ramamoorthy
PRESENTING AUTHOR	Dr. Deepa Ramamoorthy
SYNOPSIS	This image shows dense mutton fat keratic precipitates with a striking honeycomb pattern of reticular corneal edema, suggestive of granulomatous anterior uveitis on topical ripasudil I(0.4%).

ABSTRACT NO.	PT11
TITLE	The Illusion Within: AADI Tube and the Phantom Suture
CHIEF AUTHOR	Dr. Tosha Gujarathi
PRESENTING AUTHOR	Dr. Tosha Gujarathi
SYNOPSIS	Picture showing AADI with supralon suture with its tube in the anterior chamber with intraocular lens haptic positioned posterior to it. The haptic's alignment behind the tube creates a striking illusion resembling supralon suture within the tube.



ABSTRACT NO.	PT12
TITLE	Red, White, and Turbidity : A Hyphema in Stripes
CHIEF AUTHOR	Dr. Smita Panda
PRESENTING AUTHOR	Dr. Smita Panda
SYNOPSIS	This photo describes the layered appearance of bleeding in anterior chamber in an eye after trauma. The RBCs sediment down and the plasma floats above. This resembles the red-and-white striping of a candy cane—hence the name "candy stripe".

ABSTRACT NO.	PT13
TITLE	Neovascularization of the Posterior Capsule in Chronic Uveitis
CHIEF AUTHOR	Dr. Premkumar P S
PRESENTING AUTHOR	Dr. Premkumar P S
SYNOPSIS	Slit-lamp examination reveals multiple areas of posterior synechiae, iris atrophy, neovascularization of the iris and posterior capsule with optic capture of the intraocular lens.



ABSTRACT NO.	PT14
TITLE	Honeycomb Cornea
CHIEF AUTHOR	Dr. Suman Das
PRESENTING AUTHOR	Dr. Suman Das
SYNOPSIS	Ripasudil, a Rho-kinase inhibitor has been associated with reticular corneal edema resembling honeycomb appearance. This effect is reversible upon cessation of ripasudil.

ABSTRACT NO.	PT17
TITLE	Not all that Sinks is Subluxated
CHIEF AUTHOR	Dr. Megha G
PRESENTING AUTHOR	Dr. Megha G
SYNOPSIS	A case of phacolytic glaucoma with an absorbed cortex showing a sunken nucleus. Careful exam reveals the capsule margins helping us clinch the diagnosis.





ABSTRACT NO.	PT18
TITLE	MRSA Corneal Infiltrate at the Exteriorized end of a Releasable Suture Following Trabeculectomy
CHIEF AUTHOR	Dr. Madhuri M.B
PRESENTING AUTHOR	Dr. Madhuri M.B
SYNOPSIS	Corneal infiltrate at exteriorized end of releasable Suture after trabeculectomy was noted with vitritis and drop in vision to light perception. Cultures sensitivity test of infiltrate yielded Methicillin-resistant Staphylococcus aureus (MRSA).

ABSTRACT NO.	PT19
TITLE	Microspherophakia: Kugel Fountain Presentation
CHIEF AUTHOR	Dr. Shivam Gupta
PRESENTING AUTHOR	Dr. Shivam Gupta
SYNOPSIS	A 17-year-old girl presented with a microspherophakic clear lens subluxated in the anterior chamber. The dislocated lens was causing pupillary block, as seen on the anterior segment OCT (CASIA 2 [TOMEY]), which looked like the Kugel Fountain.



ABSTRACT NO.	PT21
TITLE	Different eyes, different implants, same patient
CHIEF AUTHOR	Dr. Arpita Agarwal
PRESENTING AUTHOR	Dr. Arpita Agarwal
SYNOPSIS	"Bleb and IOP comparison (at 1 year follow up) in two eyes of same patient where RE AGV and LE AADI was done. I suggested her AADI implant indigenous manufactured cheaper option as she couldn't afford AGV for LE".

ABSTRACT NO.	PT22
TITLE	AGV Collage of my patients
CHIEF AUTHOR	Dr. Arpita Agarwal
PRESENTING AUTHOR	Dr. Arpita Agarwal
SYNOPSIS	AGV in phakic, pseudophakic and in iris claw lens eyes.. depicted in the picture. In all tube is away from cornea and sclera.



ABSTRACT NO.	PT23
TITLE	Unforeseen consequences: Post AADI implant scare
CHIEF AUTHOR	Dr. Abhijay Luthra
PRESENTING AUTHOR	Dr. Abhijay Luthra
SYNOPSIS	Post-AADI implant - Suprachoroidal hemorrhage after removal of 3-0 supramid ripcord suture at 3 months post-operative in a 53 year old male with advanced POAG in both eyes, VA HM with IOP 40mm Hg post-AADI implant.

ABSTRACT NO.	PT24
TITLE	Cyclodialysis Cleft: A Pathway to Pressure Theft
CHIEF AUTHOR	Dr. Harshit Agrawal
PRESENTING AUTHOR	Dr. Harshit Agrawal
SYNOPSIS	A 20-year-old boy with blunt ocular trauma presents with hypotony (IOP 4 mmHg) and clinical signs of ocular hypotony. Imaging confirms a cyclodialysis cleft causing abnormal aqueous outflow into the suprachoroidal space.





ABSTRACT NO.	PT25
TITLE	Bubble in Bubble
CHIEF AUTHOR	Dr. Niharika Chaurasia
PRESENTING AUTHOR	Dr. Niharika Chaurasia
SYNOPSIS	A 60-year-old male developed high IOP due to retained PFCL and silicone oil in the anterior chamber, forming a “bubble-in-bubble” appearance. Surgical removal and SO reinjection led to IOP stabilization and resolution of the complication.

ABSTRACT NO.	PT26
TITLE	Peaking through the Pupil - The Iris Bridge of Axenfeld-Rieger Anomaly
CHIEF AUTHOR	Dr. Abhay Anand Gupta
PRESENTING AUTHOR	Dr. Abhay Anand Gupta
SYNOPSIS	A 9-year-old boy on dual antiglaucoma therapy presents with a slit-like pupil and iris strands bridging the angle. Findings are consistent with Axenfeld-Rieger anomaly.



ABSTRACT NO.	PT27
TITLE	The Bleeding Angle: A Silent Clue to a Common Syndrome
CHIEF AUTHOR	Dr. Saroj Gupta
PRESENTING AUTHOR	Dr. Saroj Gupta
SYNOPSIS	This is a gonioscopy picture of a 43-year-old male showing spontaneous bleeding from the angle following gonioscopy in the right eye. The presenting features were blurry vision, fine KPs, a slightly raised IOP, and posterior subcapsular cataract

ABSTRACT NO.	PT28
TITLE	The Spherical Lens Trap : Tackling pressure in microspherophakia
CHIEF AUTHOR	Dr. Kainat Chaudhary
PRESENTING AUTHOR	Dr. Kainat Chaudhary
SYNOPSIS	A 21 year old female with microspherophakia in the right eye presented with VA 6/24 and IOP of 34 mm Hg on 4 AGMs, near total cupping, and angle closure, She underwent Trabeculectomy with MMC for IOP control.



ABSTRACT NO.	PT29
TITLE	"Epicapsular Star: A Vestigial Remnant of the Tunica Vasculosa Lentis"
CHIEF AUTHOR	Dr. Ravi Kumar
PRESENTING AUTHOR	Dr. Ravi Kumar
SYNOPSIS	A 35-year-old female with 20/20 vision was found to have a benign, star-shaped epicapsular opacity on the anterior lens capsule during routine exam. No symptoms or treatment needed. Advised reassurance and regular follow-up.

ABSTRACT NO.	PT30
TITLE	"ICE Syndrome: A Spectrum of Primary Iridocorneal Endothelial Disorders with Progressive Pathology"
CHIEF AUTHOR	Dr. Ravi Kumar
PRESENTING AUTHOR	Dr. Ravi Kumar
SYNOPSIS	A 25-year-old male presented with right eye vision loss, corneal edema, iris atrophy, and high intraocular pressure. Exam confirmed ICE syndrome. Started on glaucoma meds; monitoring ongoing. Left eye normal.





ABSTRACT NO.	PT31
TITLE	Sneak Peak : Rigid IOL Haptic in the Angle
CHIEF AUTHOR	Dr. Shivani Dixit
PRESENTING AUTHOR	Dr. Shivani Dixit
SYNOPSIS	Gonioscopy photograph showing rigid IOL haptic that has passed through the surgical peripheral iridectomy and is sitting in the superior angle.

ABSTRACT NO.	PT32
TITLE	The Oil Trail
CHIEF AUTHOR	Dr. Nusrath Parambil
PRESENTING AUTHOR	Dr. Nusrath Parambil
SYNOPSIS	This slit lamp photo in retro-illumination shows silicone oil bubble within the Ahmed Glaucoma drainage tube & anterior chamber in pseudophakic eye who diagnosed with Proliferative Diabetic retinopathy, tractional RD & Neovascular glaucoma.



ABSTRACT NO.	PT33
TITLE	Disc Deception: Unmasking Retinal Dystrophy Behind Apparent Peri-papillary atrophy
CHIEF AUTHOR	Dr. Gowri Pratinia Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinia Kolipaka
SYNOPSIS	A 20-year-old male with Juvenile Open Angle Glaucoma showed peripapillary changes and advanced optic nerve damage. Retinal deposits prompted genetic testing, revealing autosomal dominant EFEMP1-associated JOAG with Doyme Honeycomb Retinal Dystrophy

ABSTRACT NO.	PT34
TITLE	The Silent Swirl: Whorl Keratopathy from Chronic Anti-Glaucoma Medications use
CHIEF AUTHOR	Dr. Gowri Pratinia Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinia Kolipaka
SYNOPSIS	An 85-year-old female on long-term antiglaucoma medications presented with classic vortex (whorl) keratopathy. Discontinuation of the offending agents led to stabilization of corneal findings.



ABSTRACT NO.	PT35
TITLE	'Glaucoma – The Silent Thief of Sight'
CHIEF AUTHOR	Dr. Niyatee Uniyal
PRESENTING AUTHOR	Dr. Niyatee Uniyal
SYNOPSIS	'Glaucoma The Silent Thief of Sight'. Denotes that the disease is often asymptomatic until significant damage has occurred. But there's hope emphasized in the tagline: Early Detection, Lifelong Vision. Awareness can save lifelong vision.

ABSTRACT NO.	PT36
TITLE	Bleb leak-AS OCT catches the hole
CHIEF AUTHOR	Dr. Niya Babu
PRESENTING AUTHOR	Dr. Niya Babu
SYNOPSIS	AS OCT image showing conjunctival hole over the filtering bleb post trabeculectomy.





ABSTRACT NO.	PT37
TITLE	Shadows in the Aqueous: Look Beyond the Eye
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
SYNOPSIS	<p>6-year-old child with leukemia</p> <p>Fig A – Blood-stained Pseudohypopyon</p> <p>Fig B – Thickened and hyperechogenic iris with dot echoes in the anterior chamber, suggestive of tumour infiltration of the iris and tumour cell seeding in the aqueous.</p>

ABSTRACT NO.	PT38
TITLE	Full moon in the eye – When zonules speak up, the diagnosis
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
SYNOPSIS	<p>Microspherophakia and intact zonules in an infant, points towards CPAMD8 variant (Fig A) whereas microspherophakia with broken zonules and dislocated lens should point towards LTBP2 variant (Fig B).</p>



ABSTRACT NO.	PT39
TITLE	“TOUCH-ME-NOT”
CHIEF AUTHOR	Dr. Meena Menon
PRESENTING AUTHOR	Dr. Meena Menon
SYNOPSIS	Anterior Segment Optical Coherence Tomography image of the tube end of the Ahmed Clear Path drainage device showing a clear space between the tube and the corneal endothelium, thereby preventing unnecessary surgical intervention.

ABSTRACT NO.	PT40
TITLE	Glaucoma following whole lens-bag complex dislocated into anterior chamber
CHIEF AUTHOR	Dr. Techii Dodum Tara
PRESENTING AUTHOR	Dr. Techii Dodum Tara
SYNOPSIS	Pupillary block glaucoma in a patient who had undergone cataract surgery 2 years back. He had anterior dislocation dislocation of whole lens-bag complex after a trauma.



<b>ABSTRACT NO.</b>	<b>PT41</b>
<b>TITLE</b>	<b>Eye; the window of body in post AGV implantation</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Techii Dodum Tara</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Techii Dodum Tara</b>
<b>SYNOPSIS</b>	<b>Recurrent bleeding in a AGV implanted patient in an ICE syndrome. Previously, failed Trab with MMC found to have vitamin K deficient. The hyphemia resolved after 3 shots of vit K injections.</b>

<b>ABSTRACT NO.</b>	<b>PT42</b>
<b>TITLE</b>	<b>“Unlock and unblock “- A case of Peter’s anomaly treated with surgical iridectomy</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Madhavi Ramanatha Pillai</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Madhavi Ramanatha Pillai</b>
<b>SYNOPSIS</b>	<b>6 Year old patient with Peter’s Anomaly with an IOP of 40 mmHg was treated with surgical iridectomy. Postoperative IOP was 11 mmHg. Pre-operative and postoperative AS OCT images and clinical images are depicted</b>





# VIDEO TALK



ABSTRACT NO.	VTK1
TITLE	Dual benefit – combined phacoemulsification and goniotomy, post trabeculectomy
CHIEF AUTHOR	Dr. Ajitha Sasidharan
PRESENTING AUTHOR	Dr. Ajitha Sasidharan
SYNOPSIS	A 74 year old male with advanced POAG underwent trabeculectomy with MMC 15 years ago, now on maximum antiglaucoma medications (AGM -3 drugs). He developed significant cataract, vision was CFCF, combined phacoemulsification and goniotomy (TMH) done.

ABSTRACT NO.	VTK2
TITLE	Architects of ocular integrity-Scleral patch grafts in bleb leak repair
CHIEF AUTHOR	Dr. Srujana Lingala
PRESENTING AUTHOR	Dr. Srujana Lingala
SYNOPSIS	Scleral patch graft bleb reconstruction effectively restores scleral flap function, achieving durable IOP control in late-onset hypotony with leaking blebs post-phaco-trabeculectomy with antimetabolites, thus preserving vision.



ABSTRACT NO.	VTK4
TITLE	Microincisional trabeculectomy: 5 steps to success
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
SYNOPSIS	This video will help in understanding the new MIGS procedure, Microincisional trabeculectomy through 5 key steps. Careful attention is paid to each surgical step to help the viewers appreciate this surgery better.

ABSTRACT NO.	VTK5
TITLE	Why two, when one will do?
CHIEF AUTHOR	Dr. Neethu Mohan
PRESENTING AUTHOR	Dr. Neethu Mohan
SYNOPSIS	This video demonstrates the flow dynamics in a non- valved Glaucoma Drainage Device with 2 vicryl ligation sutures and a rip cord suture of 3.0 multifilament nylon, showcasing the capillary action through the multifilament ripcord suture.





ABSTRACT NO.	VTK6
TITLE	Ab Externo” revision of problematic bleb for complication related to tight sutures and high IOP
CHIEF AUTHOR	Dr. Divya Kesarwani
PRESENTING AUTHOR	Dr. Divya Kesarwani
SYNOPSIS	64 yrs male with BE advanced POAG with IMSC. Phacotrab with MMC done in RE. Post op IOP was 45 mmHg, diffuse flat bleb with patent PI. Failing bleb with tight sutures. After 3 weeks, Bleb revision done, IOP was 19 mmHg with improved Bleb morphology.

ABSTRACT NO.	VTK7
TITLE	Buttonholes in Trabeculectomy: The Uninvited Guest in Every Surgeon’s Day
CHIEF AUTHOR	Dr. Anamika Paul
PRESENTING AUTHOR	Dr. Anamika Paul
SYNOPSIS	Conjunctival buttonholes -small but impactful, can jeopardize trabeculectomy outcomes. This video highlights the real-time management of intraoperative buttonholes, emphasizing surgical adaptability and calm, patient-driven decision-making



ABSTRACT NO.	VTK8
TITLE	Suture. Adjust. Control: Releasable Sutures Demystified
CHIEF AUTHOR	Dr. Yamini K
PRESENTING AUTHOR	Dr. Yamini K
SYNOPSIS	This video simplifies the concept of releasable sutures in trabeculectomy, demonstrating their placement and removal. It highlights practical tips to optimize intraocular pressure control and enhance surgical outcomes with ease and precision.

ABSTRACT NO.	VTK9
TITLE	Know your Roots, Save Your Sight : Family History and the Silent Thief of Sight
CHIEF AUTHOR	Dr. Megha G
PRESENTING AUTHOR	Dr. Megha G
SYNOPSIS	This film follows three generations capturing a moment of togetherness that subtly highlights an invisible thread connecting them: a family history of glaucoma. A reminder that protecting sight can begin with a simple family conversation.



ABSTRACT NO.	VTK10
TITLE	Digital Ocular Massage Post-Trabeculectomy: When and How?
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
SYNOPSIS	This is an educational video that demonstrates the proper method of digital ocular massage post-trabeculectomy, outlining key do's, don'ts, and precautions to ensure safety and preserve/salvage the bleb for better long-term outcomes.

ABSTRACT NO.	VTK12
TITLE	Managing uveal effusion in Nanophthalmos - a case based approach
CHIEF AUTHOR	Dr. Chinta. Sravya
PRESENTING AUTHOR	Dr. Chinta. Sravya
SYNOPSIS	Managing Borderline Nanophthalmos Presenting with Associates- CD with Exudative RD (UES-Uveal Effusion Syndrome).





<b>ABSTRACT NO.</b>	<b>VTK13</b>
<b>TITLE</b>	<b>How to prepare scleral patch graft for Glaucoma Drainage Device surgery</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Urvish Vashisht</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Urvish Vashisht</b>
<b>SYNOPSIS</b>	<b>To provide a practical overview of the different methods used to prepare and cut scleral patch grafts, highlighting their advantages, limitations and clinical applicability.</b>

<b>ABSTRACT NO.</b>	<b>VTK14</b>
<b>TITLE</b>	<b>Bleed behind the beam</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Faiza Ibrahim</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Faiza Ibrahim</b>
<b>SYNOPSIS</b>	<b>A patient with bilateral primary angle closure underwent peripheral iridotomy to develop an eight ball hyphema. Diagnosed with immune thrombocytopenia. Anterior chamber wash was done, along with cataract surgery</b>



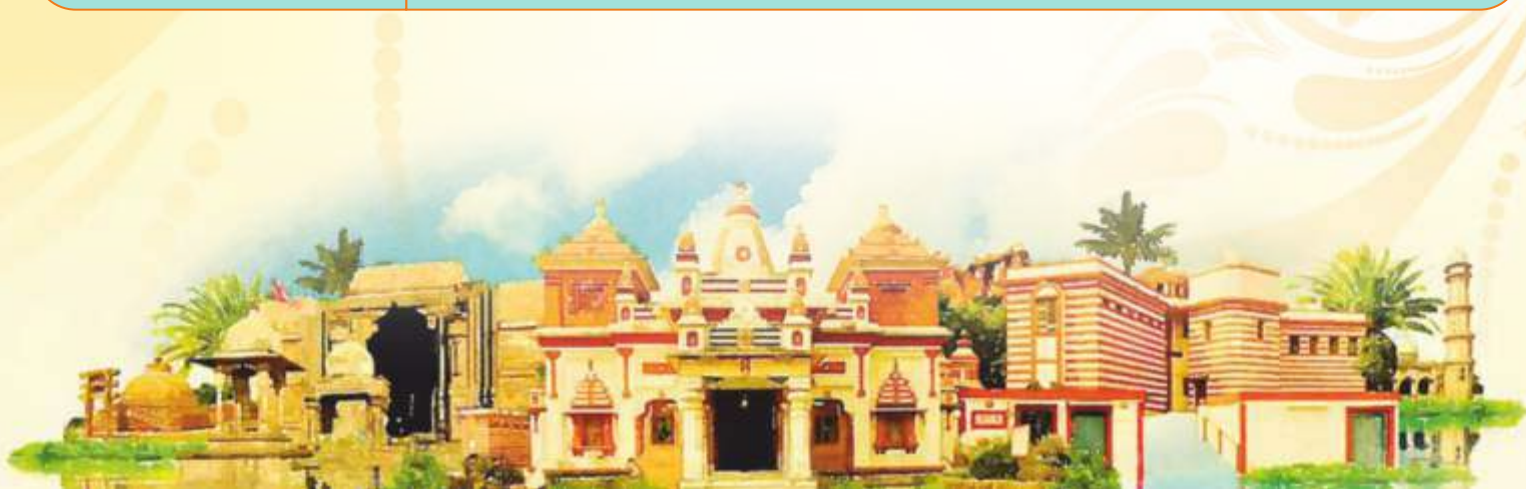
ABSTRACT NO.	VTK15
TITLE	<b>A stitch in time saves 9: Reversal of Post Trab Hypotony Maculopathy by Transconjunctival Flap Suture</b>
CHIEF AUTHOR	Dr. Shivam Gupta
PRESENTING AUTHOR	Dr. Shivam Gupta
SYNOPSIS	This Video shows Case based discussion of Hypotony Maculopathy post trabeculectomy. Post Transconjunctival suturing there was complete reversal of Hypotony Maculopathy without any need of further Vitero Retinal intervention.

ABSTRACT NO.	VTK16
TITLE	<b>Flip to seal the deal: management of Leaking Filtering bleb using Scleral Rotational Autograft</b>
CHIEF AUTHOR	Dr. Shivam Gupta
PRESENTING AUTHOR	Dr. Shivam Gupta
SYNOPSIS	We present a case with a post-trabeculectomy bleb leak that was managed using a scleral rotational autograft. A novel technique in which the patient's sclera is dissected and flipped/rotated and secured over the leaking scleral defect.



ABSTRACT NO.	VTK17
TITLE	A shifted lens with a sharp solution
CHIEF AUTHOR	Dr. Sanchita Handa
PRESENTING AUTHOR	Dr. Sanchita Handa
SYNOPSIS	RE Phaco with KDB with PCIOL

ABSTRACT NO.	VTK18
TITLE	“Espaillat Goniotomy: Precision MIGS with Trabecular Meshwork Preservation at its Core”
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
SYNOPSIS	Discover a transformative approach in MIGS with Espaillat Goniotomy- First time in India. In this technique, the TM is engaged & stretched bulldozed without stripping TM. Step by step surgical video of this futuristic novel technique is demonstrated.



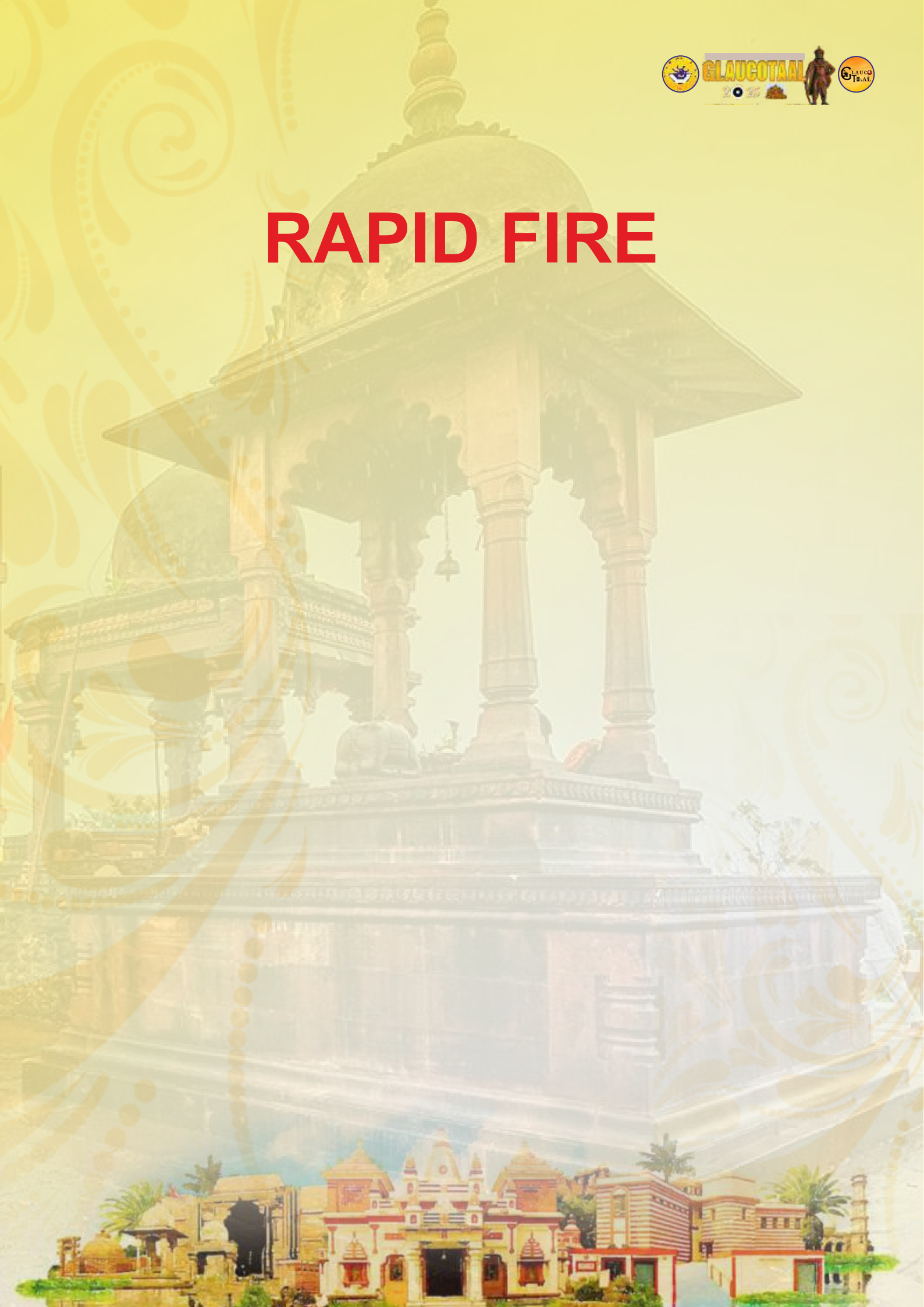


ABSTRACT NO.	VTK19
TITLE	The Eyes That Shine Too Bright: A Child With Aniridia
CHIEF AUTHOR	Dr. Harshit Agrawal
PRESENTING AUTHOR	Dr. Harshit Agrawal
SYNOPSIS	8-year-old boy with bilateral congenital aniridia due to likely PAX6 mutation. Features: photophobia, nystagmus, foveal hypoplasia, lens opacities. IOP monitoring, genetic counseling for WAGR, amblyopia therapy, and systemic follow-up advised.

ABSTRACT NO.	VTK20
TITLE	A deep flap cut of Trabeculectomy rescued by MIGS: Gonioscopy assisted transluminal trabeculotomy
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	A deep cut with scleral disinsertion was noted over floor of sclera while performing trabeculectomy-SICS in POAG patient. After assessing the severity of glaucoma, GATT-Phaco was done and IOP maintained to 14 mmHg with no AGM at 12 -month follow up.



# RAPID FIRE



ABSTRACT NO.	RFS1
TITLE	<b>Viral stromal keratitis with trabeculitis and secondary raised IOP: An atypical presentation</b>
CHIEF AUTHOR	<b>Dr. Aditi Dubey</b>
PRESENTING AUTHOR	<b>Dr. Aditi Dubey</b>
CO-AUTHOR(S)	<b>NA</b>
SYNOPSIS	<b>A 38 years female with stromal keratitis and trabeculitis and raised IOP was managed medically with antivirals and AGM. because of the secondary bacterial keratitis component steroids were not used. the patient developed secondar glaucoma</b>

ABSTRACT NO.	RFS2
TITLE	<b>FROM TUBE TO TROUBLE : Corneal decompensation post tube surgery</b>
CHIEF AUTHOR	<b>Dr. Kainat Chaudhary</b>
PRESENTING AUTHOR	<b>Dr. Kainat Chaudhary</b>
CO-AUTHOR(S)	<b>NA</b>
SYNOPSIS	<b>This is a retrospective case series of 3 patients who underwent AGV , on regular followups with controlled IOPs presented with decompensated cornea . The duration of tube implantation and corneal decompensation ranged between 12 - 30 months</b>





ABSTRACT NO.	RFS3
TITLE	Evaluation and management of glaucoma associated with advanced stages of retinopathy of prematurity
CHIEF AUTHOR	Dr. Nischala Balakrishna
PRESENTING AUTHOR	Dr. Nischala Balakrishna
CO-AUTHOR(S)	NA
SYNOPSIS	Purpose of the study is to report incidence of secondary glaucoma and treatment modalities in advanced stages of ROP. We evaluated 122 eyes of children diagnosed with ROP and stage and presence of secondary glaucoma and its management were analysed

ABSTRACT NO.	RFS4
TITLE	Atypical Primary Congenital Glaucoma in adulthood: Surgical and Refractive Challenges
CHIEF AUTHOR	Dr. Dixit Soni
PRESENTING AUTHOR	Dr. Dixit Soni
CO-AUTHOR(S)	NA
SYNOPSIS	Rare case of 39 years male with PCG and anterior segment dysgenesis signs. Severe vision loss, buphthalmos and haab's striae. Bilateral sequential trabeculectomy + MMC controlled IOP despite surgical challenges. Genetics pending



<b>ABSTRACT NO.</b>	<b>RFS5</b>
<b>TITLE</b>	<b>Phaco with Glaucoma Drainage Device in Neovascular Glaucoma</b>
<b>CHIEF AUTHOR</b>	<b>Prof. Sheikh Sajjad Ahmed</b>
<b>PRESENTING AUTHOR</b>	<b>Prof. Sheikh Sajjad Ahmed</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p><b>Aim:</b> Management of a case of neovascular glaucoma with cataract using a glaucoma drainage device, and phacoemulsification in the same sitting.</p> <p><b>Materials &amp; Methods:</b> A 55-year-old male patient with a visual acuity of perception of light, history of CRVO presented with cataract, neovascular glaucoma and uncontrolled IOP was admitted to the IPD of Department of Ophthalmology, SKIMS MCH Srinagar. The IOP was lowered using systemic anti-glaucoma drugs and surgery was planned. After all necessary pre-op measures, a combined procedure (Phaco) was done along with Implantation of a glaucoma drainage device in the same sitting.</p> <p><b>Results:</b> The patient had a post-operative visual acuity of 6/60, IOP was adequately controlled. There were no significant pre- or post-operative complications apart from minor bleeding during surgery that was adequately controlled.</p> <p><b>Conclusion:</b> Single Sitting Phacoemulsification with IOL implantation with implantation of a glaucoma drainage device is a valid treatment modality for IOP control in patients with Cataract with neovascular glaucoma &amp; Visual Rehabilitation &amp; Posterior Segment management Post Operatively</p>



ABSTRACT NO.	FP4
TITLE	Management outcome of post-traumatic glaucoma due to tennis ball injury used for playing cricket
CHIEF AUTHOR	Dr. Bhagabat Nayak
PRESENTING AUTHOR	Dr. Bhagabat Nayak
CO-AUTHOR(S)	NA
SYNOPSIS	<p><b>Aim of study:</b> To see the management outcome of glaucoma after blunt trauma due to a soft tennis ball used for playing cricket nowadays.</p> <p><b>Material &amp; Methods:</b> The study was done from Jan 2023- April 2025. Minimum six month follow-up taken.</p> <p><b>Results:</b> Eight patients had blunt trauma from tennis ball made of rubber. The mean highest baseline IOP was 42.5 mm Hg. Three had retina pathology due to trauma. Six had angle recession. One had subluxated lens with vitreous prolapse in AC. Four patients underwent surgery and four medical management. One patient underwent Trab with Ologen, another with AGV after a failed Trab followed by cataract surgery, and two underwent Trab. Seven patients Improved with vision and IOP. One did not improve had retinal pathology. Out of them 6 were playing cricket and 2 were bystander only. All were without a helmet.</p> <p><b>Conclusion:</b> Trauma with a soft cricket ball with high velocity can do severe damage to each segment of eye and have mixed outcomes after glaucoma</p>





ABSTRACT NO.	FP6
TITLE	"Anterior Segment Biomarkers: Enhancing Clinical Decision-Making in Glaucoma Management"
CHIEF AUTHOR	Dr. Zeba Khanam
PRESENTING AUTHOR	Dr. Zeba Khanam
CO-AUTHOR(S)	Dr. Bhawesh Chandra Saha
SYNOPSIS	<p>Anterior Segment Biomarkers in Glaucoma is a diagnostic and prognostic tools . It is non- invasive helps in risk stratification of patient with narrow angles, monitoring post-laser peripheral iridotomy and differentiating between mechanism of angle closure: pupillary block vs plateau iris vs lens-induced. Surgical outcomes – Bleb Morphology Assessment to distinguish functioning vs. non-functioning bleb like scleral flap status and to visualize flap apposition and location of aqueous egress and to guide bleb revision or needling procedures (via ab interno or ab externo approach.) 8.Assessment of angles before bent ab interno needle goniotomy and after surgery to analyse the MIGS outcomes. Preoperative assessment – Visualizes angle anatomy and identifies suitable sites for incision (e.g., open angle, PAS). Post operatively confirms the goniotomy cleft and assesses TM opening and correlate with IOP reduction as well as identifies early failure and scarring or incomplete TM incision</p>



ABSTRACT NO.	FP7	
TITLE	Small Incision Trabeculectomy (SIT) in patients with Primary open angle glaucoma	
CHIEF AUTHOR	Dr. N Suhasini	
PRESENTING AUTHOR	Dr. N Suhasini	
CO-AUTHOR(S)	NA	
SYNOPSIS	<p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1.Effective reduction of IOP</li> <li>2.Study of conjunctival bleb formation</li> </ol> <p><b>Methodology:</b></p> <p>Place: Gitam institute of medical sciences &amp; research</p> <p>Type: Cross sectional study</p> <p>Sample size:15pts of POAG</p> <p>Duration:1 year (2023-24)</p> <p>Followup:1st wk,6th wk,3m</p> <p><b>Inclusion criteria:</b></p> <ol style="list-style-type: none"> <li>1.POAGwith progression</li> <li>2.POAGwith poor compliance to medical treatment</li> </ol> <p><b>Exclusion criteria:</b></p> <ol style="list-style-type: none"> <li>1.Secondary glaucomas, congenital glaucomas &amp; Angle closure glaucomas</li> <li>2.Previous ocular surgery or Laser trabeculoplasty</li> </ol>	<p><b>Procedure:</b></p> <ol style="list-style-type: none"> <li>1.Conjunctival peritomy</li> <li>2.Intrasccleral pocketing</li> <li>3.Cystitome in pocket</li> <li>4.Subtenon's bleb formation</li> <li>5.AC entry with vannas scissors</li> <li>6.Peripheral iridectomy</li> <li>7.Sclerocorneal suturing</li> <li>8.Watertight conjunctival closure</li> </ol> <p><b>Discussion:</b></p> <ol style="list-style-type: none"> <li>1.PreopBCVA of all patients : 6/60</li> <li>2.BCVA remained same at the end of 3rd month</li> <li>3.Mean IOP at presentation: 33.3+/-6.17 mmHg</li> <li>4.Postop mean IOP at 3rd month: 15.8 +\-3.81 mm Hg (p &lt;0.0001)</li> </ol> <p><b>Conclusion:</b> SIT is a safe, effective &amp; an alternate procedure to conventional trabeculectomy</p>



<b>ABSTRACT NO.</b>	<b>FP9</b>
<b>TITLE</b>	<b>Evaluation of Quality of life in Glaucoma Patients using NEIVFQ-25 Questionnaire</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Shabana Bharathi</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Anitha Devi Boyapati</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>This study was done to evaluate the quality of life (QoL) of glaucoma patients across their disease severity using NEIVFQ-25 questionnaire. A cross-sectional study was conducted by a researcher via an in-person interview with primary open angle and angle closure glaucoma patients who were 50 years and above, on medical therapy or those who had undergone trabeculectomy at least three months before the study. Among 38 glaucoma patients studied, 17,6,15 patients had early, moderate and severe glaucoma based on their better eye mean deviation. The composite score was 94.65, 89.22, 68.94 in early, moderate and severe glaucoma patients with the severe group showing significant difference (<math>p &lt; 0.05</math>) from other groups. Impaired mental health, social functioning, near and distance activities along with increasing role difficulties and dependency was seen across the disease severity. NEIVFQ-25 showed more compromised QoL in severe glaucoma patients and a positive correlation with loss of vision</p>





ABSTRACT NO.	FP16
TITLE	Lifestyle Modifications and Environmental Risk Factors for Glaucoma: A Systematic Review
CHIEF AUTHOR	Dr. Divya Jain
PRESENTING AUTHOR	Dr. Divya Jain
CO-AUTHOR(S)	NA
SYNOPSIS	<p>"Background: Glaucoma is a progressive optic neuropathy and a major cause of irreversible blindness. Emerging evidence underscores the influence of environmental and lifestyle factors in its progression. Objective: To systematically review the literature assessing lifestyle modifications and environmental risk factors associated with glaucoma progression. Methods: Following PRISMA guidelines, databases were searched for studies from 2000–2024. Results: Aerobic exercise and mindfulness may lower IOP and offer neuroprotection. Smoking cessation, balanced diets, nutritional supplements such as nicotinamide and antioxidants (e.g., coenzyme Q10, resveratrol) show potential benefits. Environmental pollutants, particularly long-term PM2.5 exposure, are linked to increased glaucoma risk. Conclusion: Integrating lifestyle and environmental interventions with traditional therapies may enhance glaucoma management. Further longitudinal studies are warranted</p>



ABSTRACT NO.	FP23
TITLE	A Curious Case of Angle Closure Glaucoma: An Unusual Twist! – Case Report
CHIEF AUTHOR	Dr. Sowmya Krishna
PRESENTING AUTHOR	Dr. Sowmya Krishna
CO-AUTHOR(S)	NA
SYNOPSIS	<p><b>SYNOPSISAIM:</b> Highlight a case of Angle-closure glaucoma (ACG).</p> <p><b>METHODOLOGY:</b> A 59-year-old male presented with pain and blurred vision in the Right Eye for 1 week. Vision 6/6p, N6; IOP 30mmHg. Slit-lamp showed ciliary congestion, shallow anterior chamber (AC), small fibrous membrane near the pupil. Gonioscopy: temporally open angle, rest occludable. Vague history of blunt trauma on repeated questioning. Diagnosis: ACG secondary to trauma. Started on antiglaucoma meds; YAG peripheral iridotomy done. IOP reduced, gonioscopy showed 360°open angles. Dilated exam: Superonasally subluxated lens, absent zonules 12–6 o'clock. Progressed to near-total superonasal subluxation on day of surgery. Surgery: lens removal + anterior vitrectomy + retrofixated IOL done. <b>RESULTS:</b> Post-op BCVA at 2 weeks 6/6p; IOP 20mmHg. <b>CONCLUSION:</b> Thorough history and exam are vital in unilateral ACG. Look for trauma signs like pigment dispersion, irregular AC, posterior synechiae, vitreous strands or subtle lens subluxation</p>



ABSTRACT NO.	FP25
TITLE	Outcome of Trabeculectomy with Mitomycin C in Neovascular Glaucoma (NVG)
CHIEF AUTHOR	Dr. Chandana Dutta
PRESENTING AUTHOR	Dr. Chandana Dutta
CO-AUTHOR(S)	Dr. Amit Bidasaria, Dr. Vidya Wadke
SYNOPSIS	<p>To evaluate outcome of trabeculectomy with mitomycin c in cases with NVG. Records of all NVG cases undergoing trabeculectomy with mmc at a tertiary eye care centre from Oct 2020 to Jan 2025 with a minimum follow up of 3 months were reviewed. Complete success was defined as IOP&lt;21 mmHg without AGM, qualified success as IOP&lt;21 mmHg with AGM &amp;/or needling &amp; failure as IOP&gt;21 mmHg with AGM/needling needing second intervention, IOP&lt;5 mmHg requiring intervention &amp; loss of PL. 55 eyes of 50 patients were included. 84% were male, 16% were female. Mean age was 57.7 yrs. 37 eyes had PDR, 15 had CRVO/HCRVO, 2 had vasculitis and 1 had post-op endophthalmitis. Pre-op PRP &amp; anti vegf were given in 76.3% eyes. Complete success was achieved in 75.54% at 3 mths, 70.37% at 1 yr &amp; 44.44% at 3 yrs. Qualified success was achieved in 21.81% at 3 mths, 29.63% at 1 yr &amp; 55.55% at 3 yrs. 3 eyes had failure. Trab with mmc has good outcome in NVG patients &amp; can be considered as a primary surgical option</p>





ABSTRACT NO.	FP28
TITLE	Pachymetry a villain in glaucoma??
CHIEF AUTHOR	Dr. Rucha Mayankbhai Kacha
PRESENTING AUTHOR	Dr. Rucha Mayankbhai Kacha
CO-AUTHOR(S)	Dr. Ramanjit Sihota
SYNOPSIS	<p><b>AIM</b> To study pachymetry in Indian glaucomatous eyes and controls</p> <p><b>METHODOLOGY</b> This case-control study included 113 primary glaucoma patients (POAG, PACG) with visual field defects and 150 controls aged 40–80 years (refractive error <math>\pm 2</math>DS). Both phakic and uncomplicated pseudophakic eyes were studied. CCT, cup-to-disc ratio, VFI, IOP, and demographics were recorded and compared using statistical analysis</p> <p><b>RESULTS</b> Glaucomatous eyes showed significantly thinner CCT (RE: <math>517.98 \pm 38.04 \mu\text{m}</math>; LE: <math>516.42 \pm 38.89 \mu\text{m}</math>) vs controls (RE: <math>534.2 \pm 33.68 \mu\text{m}</math>; LE: <math>533.04 \pm 35.53 \mu\text{m}</math>), (<math>p &lt; 0.001</math>), with a higher proportion of glaucoma group having CCT <math>&lt; 500 \mu\text{m}</math> (<math>p &lt; 0.001</math>). Gaussian curve was left-shifted and broader in glaucoma group (<math>\sigma = 37.8 \mu\text{m}</math>) compared to controls. No significant differences were found between PACG and POAG in age, sex, CCT, IOP, CDR and VFI (all <math>p &gt; 0.05</math>).</p> <p><b>CONCLUSION</b> Glaucomatous eyes showed significantly thinner CCT, as a key risk factor, warranting its inclusion in glaucoma assessment</p>



ABSTRACT NO.	FP29
TITLE	Paediatric Pigmentary Glaucoma (PG)
CHIEF AUTHOR	Dr. Lalitha K.J
PRESENTING AUTHOR	Dr. Lalitha K.J
CO-AUTHOR(S)	Dr. Niharika Singri Prasad
SYNOPSIS	<p>To show a case report of a child with PG 13 years old boy came with a c/o diminution of vision in Both Eyes (BE) since few days. Vision in Right Eye (RE) 6/36-6/6 with-3.5DS Left Eye (LE) 6/60-6/6 with-6.5DS. IOP- RE-36 and LE 46 mm of Hg. Anterior chamber showed deep with peripheral iris concavity. Gonio showing increased pigmentation of trabecular meshwork. UBM showing 360-degree iridozonular(IZ) contact. Fundus RE-0.4 and LE-0.6 CD ratio. After controlling the IOP with oral and 3 topical medications, YAG Peripheral Iridotomy (PI) done in BE. After 1-week UBM repeated showing no IZ contact and IOP came to control with 2 medications PG is a serious condition and early diagnosis and treatment are crucial to prevent vision loss especially in children. In young patients with iris concavity and active release of pigment, YAG PI has been suggested to be of benefit through equalization of pressures between anterior and posterior chambers and pulling of the iris away from the zonules.</p>



ABSTRACT NO.	FP34
TITLE	Outcomes of Cataract surgery in Nanophthalmic patients with Preexisting Angle Closure Disease
CHIEF AUTHOR	Dr. Srihari Siddhartha P
PRESENTING AUTHOR	Dr. Srihari Siddhartha P
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p>To evaluate the outcomes of cataract surgery in nanophthalmic eyes with preexisting angle closure A retrospective review of cataract surgery outcomes in nanophthalmic eyes (axial length &lt;20.5mm) with prior angle closure was done. Success defined as IOP between 6-21mmHg without (complete) or with (qualified) antiglaucoma medications (AGM). Failure defined as need for additional surgery for IOP control Sixty-one eyes of 46 patients were included. Mean axial length was <math>16.75 \pm 1.5</math>mm. Laser PI was performed in 97% eyes preoperatively. Postoperative vision improved significantly from <math>1.2 \pm 0.7</math> to <math>0.9 \pm 0.5</math> LogMAR (<math>p &lt; 0.05</math>). Mean IOP reduced from <math>17.4 \pm 10</math> to <math>13.7 \pm 2.5</math>mmHg (<math>p &lt; 0.05</math>), mean AGM reduced from <math>2.2 \pm 1</math> to <math>1.6 \pm 0.9</math> (<math>p = 0.05</math>). Complete success was achieved in 67%, qualified success in 92% and failure in 8% of eyes. Malignant glaucoma was major complication seen in 8.2% eyes Cataract surgery alone significantly improves vision, lowers IOP, reduces AGM use in nanophthalmic eyes with angle closure.</p>





ABSTRACT NO.	FP37
TITLE	Five-Years surgical outcomes of Phacogoniotomy in Advanced Primary Angle-Closure Glaucoma
CHIEF AUTHOR	Dr. Anand Kumar Pathak
PRESENTING AUTHOR	Dr. Anand Kumar Pathak
CO-AUTHOR(S)	Dr. Shikha Gupta, Dr. Viney Gupta
SYNOPSIS	<p><b>Aim:</b> To evaluate 5-year surgical outcomes of combined phacoemulsification with IOL and goniotomy (Phaco-goniotomy) in advanced primary angle-closure glaucoma (PACG).</p> <p><b>Methods:</b> This retrospective study included patients (&gt;18 years) with advanced PACG, and IOP &gt;21 mmHg on maximal medical therapy. All underwent Phaco-goniotomy (120–180°). <b>Results:</b> 41 eyes of 33 patients were analyzed. Primary outcomes were IOP reduction and surgical success (complete &amp; qualified: <math>\geq 20\%</math> IOP reduction without medications or with medications, respectively; failure: IOP &gt;21 mmHg or further surgery). Secondary outcomes included medication reduction, BCVA improvement, and visual field stability. Mean IOP reduced from <math>20.8 \pm 7.7</math> to <math>14.0 \pm 4.5</math> mmHg (<math>p &lt; 0.001</math>), and medications from <math>3.7 \pm 0.8</math> to <math>1.7 \pm 0.9</math> (<math>p &lt; 0.05</math>). Cumulative success at 5 years was 83%. <b>Conclusion:</b> Phacogoniotomy offers long-term IOP control, reduces medication dependence, improves vision, and halts disease progression in advanced PACG.</p>



ABSTRACT NO.	FP40
TITLE	Emotional Thermometer & Patient reported Outcome and Experience Measure in patients with Glaucoma
CHIEF AUTHOR	Dr. Priyanka Sudhakar
PRESENTING AUTHOR	Dr. Priyanka Sudhakar
CO-AUTHOR(S)	Dr. Gowri.J. Murthy, Dr.Meghana R Hiremath
SYNOPSIS	<p>To assess use of Patient-reported Outcome and Experience Measure (POEM) and Emotion Thermometer (ET) in Glaucoma patients. Cross-sectional study of 232 patients, using 8-item POEM &amp; 5-item ET questionnaires. POEM assessed perceptions of disease understanding &amp; care delivery, ET- psychological aspects. Internal consistency was acceptable (Cronbach's <math>\alpha</math>: POEM 0.705; ET 0.818). POEM scores were high (median <math>\geq 8/10</math>) for understanding of diagnosis, treatment, confidence in care. Patients reported worry about vision loss (median <math>\sim 6.5</math>). Scores of ET scales (distress, anxiety, depression, anger, need for help) were at lowest end (median = 1), 70–80% of responses at the floor. 30% reported high levels of anxiety (<math>\geq 10</math>), indicating a subgroup with unaddressed emotional burden. No significant correlations between POEM or ET scores &amp; clinical parameters implied disconnect between clinical &amp; experiential data. Use of POEM &amp; ET offers patient-centric approach, facilitating service evaluation &amp; targeted psychosocial support</p>



ABSTRACT NO.	FP41
TITLE	Safe Trabeculectomy through A Long Self-Sealing Tunnel; A boon for New Learner
CHIEF AUTHOR	Dr. Monika Gupta
PRESENTING AUTHOR	Dr. Monika Gupta
CO-AUTHOR(S)	NA
SYNOPSIS	<p>The Purpose of presenting this case series is to highlight a safe approach for a serious sight threatening disease .In the past cataract surgery used to be very risky surgery because of complications related to conventional Extracapsular Cataract Extraction (ECCE) . As we know there is drastic change in safety margin of cataract surgery by Phacoemulsification or Small Incision Cataract Surgery (SICS) as comparison to conventional ECCE is mostly by use of self sealing scleral tunnel .In our technique with the use of self sealing tunnel and use of releasable sutures the entire eyeball is a closed chamber at the end of the surgery as it was before surgery ,with almost nil chances of over filtration. Though there are many surgical options for managing glaucoma ,most of them are not easy to learn or very expensive .And Minimally Invasive Glaucoma Surgery (MIGS) also has its limitations . It's an easy and cost-effective technique, which is especially beneficial for developing countries</p>





ABSTRACT NO.	FP43
TITLE	Modified macular OCTA in early glaucoma
CHIEF AUTHOR	Dr. Santhini P
PRESENTING AUTHOR	Dr. Santhini P
CO-AUTHOR(S)	Dr. Ramanjit Sihota, Dr. Swarnali Sen
SYNOPSIS	<p><b>AIM</b> To evaluate OCTA parameters- vessel density (VD) and perfusion (VP)-in the macula, temporal macula, and peripapillary area in normals, disc suspects, ocular hypertensives, and early glaucoma for early detection of glaucomatous damage. <b>METHOD</b> Observational cross-sectional comparative prospective study with 35 patients per group (aged 40–60, BCVA <math>\geq</math>6/12). Good quality 6×6 mm OCTA scans were taken using ZEISS CIRRUS 6000 with VD and VP of the superficial plexus. <b>RESULTS</b> Macular VD (<math>16.58 \pm 2.7</math>) and VP (<math>41.66 \pm 7.11</math>) showed stepwise decline across groups. Inferior macula was more affected. Significant VD difference was seen between normal and suspects (<math>p = 0.011</math>). Peripapillary VD and VP declined with disease severity. Temporal VD dropped early in OHTN and suspects, with macular VD higher than temporal, suggesting early temporal involvement. <b>CONCLUSION</b> OCTA vascular parameters, especially temporal, can aid in early glaucoma diagnosis and complement OCT and visual field testing</p>



ABSTRACT NO.	FP48
TITLE	AI and Machine Learning in Glaucoma Detection and Monitoring
CHIEF AUTHOR	Dr. Sumit Sachdeva
PRESENTING AUTHOR	Dr. Sumit Sachdeva
CO-AUTHOR(S)	Dr. Manisha Rathi
SYNOPSIS	<p>Artificial intelligence (AI) and machine learning (ML) are transforming glaucoma care by enhancing early detection, diagnosis, and monitoring. Deep learning algorithms applied to fundus photographs, OCT scans, and visual fields can identify glaucomatous changes with accuracy comparable to specialists. AI models also show promise in predicting disease progression and stratifying risk, enabling personalized treatment. Despite their potential, challenges remain, including data quality, algorithm transparency, and integration into clinical workflows. As research evolves, AI is poised to become an essential tool in improving outcomes and access to glaucoma care. We discuss the latest interest and modalities of AI in Glaucoma management</p> <p>Keywords: AI, machine learning, glaucoma, OCT, visual fields, diagnosis</p>



<b>ABSTRACT NO.</b>	<b>FP54</b>
<b>TITLE</b>	<b>Cross-sectional Study to Assess Anti-glaucoma Medications Adherence among Glaucoma Patients</b>
<b>CHIEF AUTHOR</b>	<b>Dr.Usha Tejaswini S</b>
<b>PRESENTING AUTHOR</b>	<b>Dr.Usha Tejaswini S</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Annamalai Odayappan, Dr. Kavitha Srinivasan, Dr. Rengaraj Venkatesh</b>
<b>SYNOPSIS</b>	<p><b>Aim:</b> To study the pattern of adherence to anti-glaucoma medications (AGM) and factors influencing poor adherence among glaucoma patients <b>Methodology:</b> All consenting patients attending glaucoma clinic and using AGM for &gt;1 year were included. They underwent ocular examination followed by answering Glaucoma Symptom Scale, Medication Adherence and Glaucoma Knowledge Questionnaire <b>Results:</b> Total of 246 patients were analysed, 21% reported to miss AGM rarely but 7% reported frequently missing medication. Forgetfulness was commonly reported cause followed by cost factor and non-availability. Only 6% used reminder tools. Knowledge assessment revealed that though majority of patients understood the importance of IOP control and need for regular follow-up, some knowledge gaps regarding screening and early disease detection exist. <b>Conclusion:</b> This study highlights the major reasons of poor adherence addressing which can improve the quality of glaucoma care and treatment compliance of patients</p>





ABSTRACT NO.	FP56
TITLE	Comparison of efficiency and accuracy of SITA - Faster versus SITA- standard in glaucoma subjects
CHIEF AUTHOR	Dr. Nimitha Nageeb
PRESENTING AUTHOR	Dr. Nimitha Nageeb
CO-AUTHOR(S)	Dr. Bindu S Ajith, Dr. Shani Sreejith
SYNOPSIS	<p>This prospective cross-sectional study evaluated the efficacy of SITA Faster versus SITA Standard in 100 glaucoma patients. Each underwent both tests, with test order randomized. In the studied eye, comparisons of the test time, mean deviation (MD), visual field index (VFI), and number of depressed points were evaluated. SITA Faster significantly reduced test duration (<math>190.5 \pm 67.8s</math> vs <math>207.9 \pm 82.2s</math>) and fixation losses (<math>0.41</math> vs <math>1.19</math>), with comparable false-positive and false- negative rates. While MD and VFI were slightly better in SITA Faster, SITA Standard identified more localized defects on pattern deviation plots. Glaucoma Hemifield Test classifications were similar. SITA Faster may underestimate visual field loss in moderate-to-severe glaucoma, though it is effective for early-stage monitoring. Caution is advised when using SITA Faster in advanced disease due to its lower sensitivity to deeper defects</p>



ABSTRACT NO.	FP57
TITLE	Correlation between Central and Peripheral Macular GCL Thickness and Retinal Sensitivity in Glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	Dr. Ravi Kumar, Dr. Zeba Khanam
SYNOPSIS	<p>This study investigated the correlation between retinal sensitivity, measured by Standard Automated Perimetry (SAP), and macular ganglion cell layer (GCL) thickness in central (3-mm) and peripheral (6-mm) zones using spectral-domain OCT in 209 glaucomatous eyes. Retinal sensitivity was assessed using the Humphrey 24-2 protocol. In eyes with early visual field loss (<math>MD &gt; -6</math> dB), peripheral GCL thickness showed a stronger correlation with retinal sensitivity than central GCL thickness. In moderate and advanced stages, both regions showed strong and significant correlations. These findings suggest that peripheral macular GCL thickness may serve as a more sensitive structural marker for early glaucomatous damage</p>



ABSTRACT NO.	FP75
TITLE	A case report on Management of Tube touch Syndrome after 8 years of AGV Implantation
CHIEF AUTHOR	Dr. Ajeet Kumar Dwivedi
PRESENTING AUTHOR	Dr. Ajeet Kumar Dwivedi
CO-AUTHOR(S)	NA
SYNOPSIS	<p>74 year old politician on quality control of Glaucoma after 8 years of AGV implantation presented first time with diminution of vision and photophobia. ASOCT revealed corneal edema and tube touch but it was resolved in 4 weeks with hypertonic saline later to present after 6 months again. Suture was used to retract the tube away from cornea but it reappeared after 6 months again to get tube replacement to different place with visual acuity improved to 6/9 again with resolution of symptoms</p>





ABSTRACT NO.	FP79
TITLE	Risk factors & incidence of glaucoma in Polymerase Chain Reaction(PCR) proven viral anterior uveitis
CHIEF AUTHOR	Dr. Bhavini Johri
PRESENTING AUTHOR	Dr. Bhavini Johri
CO-AUTHOR(S)	Dr. Ronnie George
SYNOPSIS	<p>To study risk factors &amp; incidence of glaucoma in PCR proven viral anterior uveitis (VAU). Retrospective cohort,107 eyes,2016-2024 with PCR proven VAU. Preexisting glaucoma, traumatic / post-operative uveitis excluded. Anterior chamber tap done, aqueous humor sample sent for PCR. Risk factors for intraocular pressure (IOP)&gt;21 mm Hg analysed with multiple logistic regression, effect of virus type on IOP-Chi square test &amp; odds ratio (OR), <math>P&lt;0.05</math>-statistically significant. Mean age at presentation:42.5+/-14.9 years,64% male. Mean baseline IOP:17.3+/-0.9 mm Hg. Varicella zoster virus (VZV)-most common, 39%. IOP&gt;21 mm Hg-40% eyes, surgery-16% eyes. Risk factors for IOP&gt;21 mm Hg; baseline IOP (<math>p&lt;0.001</math>), age (<math>p=0.4</math>), gender (<math>p=0.3</math>). Type of virus; Cytomegalovirus (OR:1.3,95% CI:0.6-3, <math>p=0.47</math>), VZV (OR:1.02, CI:0.5-2.3, <math>p=0.96</math>), Herpes Simplex virus (OR:0.73, CI:0.3-1.8, <math>p=0.5</math>) not significant. Treatment-mostly valacyclovir,49%. IOP&gt;21 mm Hg found in 40% eyes with VAU, not significantly related to virus type with this sample size</p>



ABSTRACT NO.	FP80
TITLE	Combined Phaco-trabeculectomy versus Phaco - Kahook Dual Blade in Primary angle closure glaucoma
CHIEF AUTHOR	Dr. Mrunali Dhavalikar
PRESENTING AUTHOR	Dr. Mrunali Dhavalikar
CO-AUTHOR(S)	Dr. Ganesh Venkataraman, Dr. Premanand Chandran, Dr. Rohan Daniel
SYNOPSIS	<p><b>Aim:</b> To report the outcomes of combined phaco-trab versus phaco-KDB glide in patients with primary angle closure glaucoma. <b>Materials and Methods:</b> Patients diagnosed as PACG and cataract and patent PI who underwent combined phaco-trab and phaco-KDB were included in the study. Patients less than 3 months follow up were excluded. Data collected included IOP and need for AGM post operatively. <b>Results:</b> Study included 38 eyes in the KDB group and 26 in the phaco-trab group. Mean IOP decreased significantly in both the groups at 3 month follow up visit. While none of the patients in phaco-KDB group required anti glaucoma medications, only one eye needed AGM in the phaco- trab group at 3 months follow up. <b>Conclusion:</b> Phaco-KDB offers a potentially less invasive alternative to Phaco-trab for managing PACG with cataract, with similar IOP reduction and medication reduction benefits, and reducing the number of follow up visits post operatively</p>



ABSTRACT NO.	FP81
TITLE	Three-Month Surgical Outcome of Ahmed Clear Path in Refractory Glaucoma in North India
CHIEF AUTHOR	Dr. Ritika Singh
PRESENTING AUTHOR	Dr. Ritika Singh
CO-AUTHOR(S)	Dr. Dixit Soni, Dr. Suneeta Dubey
SYNOPSIS	<p><b>AIM:</b> To evaluate the safety and efficacy of the Ahmed Clear Path (ACP) implant in uncontrolled glaucoma in the North Indian population.</p> <p><b>MATERIAL AND METHODS:</b> A retrospective pilot study of 11 patients (12 eyes) assessed ACP implantation outcomes over three months, performed by a single surgeon, evaluating intraocular pressure (IOP), medication use, and safety. 11 of 12 eyes had failed trabeculectomy. 10 eyes were pseudophakic, 1 aphakic, and 1 phakic eye. It's the first such report in this population.</p> <p><b>RESULTS:</b> Tubes were placed in the anterior chamber (10) or sulcus (2). At 3 months, mean IOP reduced from 30.8 to 14.6 mmHg (<math>p=0.013</math>), median antiglaucoma medications decreased from 4.7 to 0.5 (<math>p=0.002</math>), and 83.33% of eyes achieved IOP between 6–21 mmHg. Six eyes had minor complications that resolved conservatively.</p> <p><b>CONCLUSION:</b> The ACP implant effectively controlled IOP and reduced medication, but its long-term efficacy and safety warrant further study</p>





ABSTRACT NO.	FP82
TITLE	Comparative Outcomes of Kahook Dual Blade Goniectomy and Trabeculectomy in Advanced Glaucoma
CHIEF AUTHOR	Dr. Anugya Sharma
PRESENTING AUTHOR	Dr. Anugya Sharma
CO-AUTHOR(S)	Dr. Devanshi Halwai, Dr. Suneeta Dubey
SYNOPSIS	<p>Trabeculectomy is considered the gold-standard surgical treatment for advanced glaucoma, while Kahook Dual Blade (KDB) goniectomy is typically reserved for mild-to-moderate cases. In this retrospective study, we compared outcomes of KDB goniectomy versus trabeculectomy in patients with advanced glaucoma. We included all patients treated between 2022 and 2023 with at least six months of follow-up. At baseline, the trabeculectomy group presented with higher intraocular pressure (IOP) and required more glaucoma medications. Postoperatively, IOP values were similar between the two groups at both 3 and 6 months (<math>p &lt; 0.0001</math>). However, the trabeculectomy group achieved a significantly greater percentage reduction in IOP. Notably, both groups experienced similar rates of complications. In conclusion, KDB goniectomy appears to be a safe and effective treatment option for advanced glaucoma, though trabeculectomy achieves a greater relative reduction in IOP.</p>



ABSTRACT NO.	FP84
TITLE	Anterior Segment Biometry in Younger vs Older PACD Patients Using AS-OCT and IOL Master 700
CHIEF AUTHOR	Dr. Mayank Ojha
PRESENTING AUTHOR	Dr. Mayank Ojha
CO-AUTHOR(S)	Dr. Anubhav Singh, Dr. Madhu Bhadauria, Dr. Monika Arora
SYNOPSIS	<p><b>Purpose:</b> To compare anterior segment parameters in younger (&lt;40 years) and older (<math>\geq 40</math> years) primary angle closure disease (PACD) patients using AS-OCT and IOL Master 700. <b>Methods:</b> In this cross-sectional study, 100 eyes (40 younger, 60 older) with PACS, PAC, or PACG were analyzed. AS-OCT measured AOD500/750, TISA500/750, LV, and TIA. Biometry assessed AL, ACD, and LT. <b>Results:</b> Older patients had narrower angles (AOD500: 0.11 vs. 0.17 mm; AOD750: 0.15 vs. 0.23 mm; both <math>p &lt; 0.001</math>), smaller TISA, greater LV (0.73 vs. 0.54 mm; <math>p &lt; 0.001</math>), and narrower TIA (<math>20.1^\circ</math> vs. <math>24.5^\circ</math>; <math>p &lt; 0.001</math>). They also had shallower ACD (2.21 vs. 2.51 mm), thicker lenses (4.52 vs. 4.16 mm), and shorter AL (22.65 vs. 23.10 mm). <b>Conclusion:</b> Older PACD patients have more crowded anterior segments. Early imaging may help detect predisposing features in younger patients who appear clinically less at risk</p>



ABSTRACT NO.	FP86
TITLE	Efficacy of different doses of MMC augmented needle revision of failing trabeculectomy blebs
CHIEF AUTHOR	Dr. Arshi Singh
PRESENTING AUTHOR	Dr. Arshi Singh
CO-AUTHOR(S)	Dr. Annu Joon, Dr. Kirti Singh
SYNOPSIS	<p>Prospective, comparative, interventional study in 50 failing trabeculectomy blebs subjected to needle revision with 60 &amp; 20 mg of mitomycin C. Success defined as IOP reduction of &gt;20% with enhanced bleb functionality on AS OCT was higher with 60mg dose at 44.4% vs 18.5% with 20mg. Pre intervention IOP of <math>26.96 \pm 5.3</math> &amp; <math>27.04 \pm 4.91</math> mmHg reduced to <math>15.4 \pm 4.4</math> &amp; <math>15.7 \pm 5.7</math> mmHg (60<math>\mu</math>g dose) vs <math>13.0 \pm 3.5</math> : <math>15.3 \pm 5.95</math> (20<math>\mu</math>g) at 1 and 6 months respectively. IOP reduction at 1: 6 months was 42: 51% (60<math>\mu</math>g) &amp; 41 : 43% (20<math>\mu</math>g). ASOCT of bleb confirmed significant increase in number of both microcysts and macrocysts, decrease in internal reflectivity of bleb at 6 months post-operative. Complications were subconjunctival haemorrhage 74%, hypotony in 2 eyes</p>





ABSTRACT NO.	FP87
TITLE	Comparison of Online Circular Contrast Perimetry with Standard Automatic Perimetry : Indian Scenario
CHIEF AUTHOR	Dr. Arya Wagle
PRESENTING AUTHOR	Dr. Arya Wagle
CO-AUTHOR(S)	Dr. Suneeta Dubey, Dr. Sweety Sharma
SYNOPSIS	<p>Aim To compare the performance of the tablet based Novel Online Circular Contrast Perimetry (Eyeonic visual test) with Standard Automatic Perimetry (SAP ) Materials 63 eyes of 33 patients were tested on both systems and were analyzed for the following parameters: False Positives (FP), False Negatives (FN), Mean Deviation (MD), Pattern Standard Deviation (PSD), and Visual Field Index (VFI). Paired t-tests, Cohen's d, Pearson correlation, and Bland–Altman plots were used for statistical comparison. Results: There were no statistically significant differences in MD, PSD, or VFI. Strong correlations were observed for MD (<math>r=0.79</math>), PSD (<math>r=0.71</math>), and VFI (<math>r=0.78</math>). OCCP showed significantly higher FP and lower FN compared to SAP. Conclusion: OCCP (Eyeonic visual test) shows strong clinical agreement with the clinic-based SAP. It may serve as a reliable home-based alternative for visual field assessment and also a useful tool in low resource settings, as well as in outreach programmes</p>



ABSTRACT NO.	FP89
TITLE	To at or Not: Clinical Relevance
CHIEF AUTHOR	Dr. Achal Singhal
PRESENTING AUTHOR	Dr. Achal Singhal
CO-AUTHOR(S)	Dr. Jasleen Dhillon, Dr. Ramanjit Sihota, Dr. Swarnali Sen
SYNOPSIS	<p>To compare Goldmann Applanation Tonometer and Non-contact tonometer measurements Observational, Comparative, retrospective study. Consecutive, adult glaucoma patients at a Glaucoma clinic. Right eyes underwent NCT (Model- NIDEK NT-530P) and Goldmann applanation tonometer, differences were calculated and analysed. 63 percent had an IOP recorded by AT with a difference of more than <math>\pm 2</math> mm Hg. 35% had difference of <math>&gt; +2</math>mmHg, 25% had a difference of <math>&lt; -2</math>mmHg. Eyes with a higher IOP had a CCT of 552 <math>\mu</math> those with a lower IOP 513 <math>\mu</math>. Number of AGM in greater vs lower IOP was also not significant. Diagnosis did not show a significant difference between readings either. AT is still relevant as 2/3 of patients had a <math>&gt; 2</math>mmHg difference which altered management</p>



ABSTRACT NO.	FP92
TITLE	Pseudoexfoliation Syndrome : Not as scary as it looks
CHIEF AUTHOR	Dr. Prachi Nilraj Bakare
PRESENTING AUTHOR	Dr. Trupti Mugale
CO-AUTHOR(S)	Dr. Mahesh Tikekar, Dr. Rupali Amle
SYNOPSIS	<p>Pseudoexfoliation syndrome (PXF) is an age-related systemic disorder causing fibrillary material deposition in ocular structures primarily involving the lens capsule and predisposing individuals to glaucoma and surgical complications. A prospective observational study was conducted at a tertiary care center over 12 months. A total of 122 patients (66 males, 56 females) aged 40–84 (mean = 69.2) years were included. Among IOP group ,81.20% had IOP &lt;18 mmHg, while 18.8% had IOP &gt;18 mmHg. 21(17.2%) patients were diagnosed with secondary open angle and 4(3.2%) patients with secondary angle closure glaucoma of which 20%required trabeculectomy and remaining were managed with antiglaucoma medication. Intra operative complications included Posterior Capsular Rent (0.8%), Zonular Dehiscence (0.8%), Iridodialysis (0.8%). Post operative BCVA seen was 6/12–6/9 in 70%. Cataract surgery in these patients showed good visual outcomes, with most achieving 6/9 vision and no postoperative IOP spikes</p>





ABSTRACT NO.	FP107
TITLE	Intervention and Outcomes following Aqueous misdirection: A retrospective analysis
CHIEF AUTHOR	Dr. Nitisha Khare
PRESENTING AUTHOR	Dr. Nitisha Khare
CO-AUTHOR(S)	Dr. Annamalai Odayappan, Dr. Kavitha Srinivasan, Dr. Saradha R
SYNOPSIS	<p><b>Aim:</b> To analyze predisposing surgeries and outcomes following aqueous misdirection (AM) <b>Methods:</b> Retrospective analysis of 42 eyes with aqueous misdirection <b>Results:</b> Mean follow up: 6 months. Primary diagnosis: 21.42% IMC, 11.90% pseudophakia, 14.28% PXF glaucoma, 11.90% PACS, 19.04% PACG, 14.28% lens induced glaucoma and 7.14% others. Precursor surgery: 73.8 % cataract surgery, 14.28% trabeculectomy with cataract, 4.76% trabeculectomy, 4.76% drainage device, 2.38% other surgeries. Aqueous misdirection developed within post-op 1 month in 38.09%, 1-6 months in 26.19%, more than 6 months in 35.71%. Cyloplegic was needed in 76.19%, laser hyaloidotomy in 4.76% and irido-zonulo-hyaloido-vitrectomy in 38.09%. Post intervention vision &lt;6/60 in 33.33%, ≥6/60 in 28.57% and 38.09% lost to follow up. 4.7% progressed to an absolute eye. <b>Conclusion:</b> Timely diagnosis and intervention can save vision in these patients</p> <p><b>Keywords:</b> Aqueous misdirection (AM), surgery</p>



<b>ABSTRACT NO.</b>	<b>FP118</b>
<b>TITLE</b>	<b>Controlling Inflammatory IOP Rise with Double Lasers Techniques</b>
<b>CHIEF AUTHOR</b>	<b>Prof. Sagarika Patyal</b>
<b>PRESENTING AUTHOR</b>	<b>Prof. Sagarika Patyal</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>Ocular inflammation can result in secondary glaucoma. Inflammation due to uneventful cataract surgery, Uveitis or post vitreoretinal surgeries, can result in posterior synechia, iris bombe, iridocorneal adhesions in the anterior segment. All may increase IOP. Performing one/ multiple YAG laser iridotomies has been the treatment norm. 11 Cases of severe intraocular inflammation with iris bombe and posterior synechiae were treated with YAG laser iridotomies and synechiolysis using different power settings and a protocol of topical eye drops. Sequentially done till at least 1 -2 clock hours of pupil dilated. Procedure had to be repeated in practically all cases. Results: 9 out of 11 cases controlled IOP, addition topical drugs to control IOP in few, one - surgical removal of the membrane, one case did not respond to the treatment. Conclusions: Two laser procedures in same machine with different settings- effective tool for IOP control in these refractory cases</p>



ABSTRACT NO.	FP120
TITLE	Surgical Outcomes and Failure Risk Factors of Ahmed Valve in Neovascular Glaucoma in 145 eyes
CHIEF AUTHOR	Dr. Kirti Chhabra
PRESENTING AUTHOR	Dr. Kirti Chhabra
CO-AUTHOR(S)	Dr. Mayank Rai, Dr. Sirisha Senthil
SYNOPSIS	<p>This study evaluated outcomes of Ahmed Glaucoma Valve (AGV) implantation in 145 eyes with neovascular glaucoma (NVG) secondary to proliferative diabetic retinopathy (PDR), central retinal vein occlusion (CRVO), and ocular ischemic syndrome (OIS), with <math>\geq 3</math> months followup. Success was defined as IOP 6–21 mmHg with/without medications. Median age was 58years. NVG etiology included PDR (46.9%), CRVO (23.4%), OIS (17.9%) and others (11.7%). Post-AGV, mean IOP decreased from <math>35.5 \pm 9.3</math> to <math>16.9 \pm 8.1</math> mmHg, and median antiglaucoma medications (AGM) reduced from 4(4,5) to 2(0,3) both (<math>p &lt; 0.001</math>). 3 year cumulative success was comparable across etiologies (PDR 91%, CRVO 84%, OIS &amp; others 94%, <math>p = 0.2</math>). Multivariate analysis showed that poor baseline vision (HR 2.98, <math>p = 0.036</math>), higher IOP (HR 1.08, <math>p = 0.02</math>), and more AGMs (HR 2.06, <math>p = 0.03</math>) predicted failure. AGV effectively lowers IOP and AGM in NVG across etiologies. More severe primary pathology and severe glaucoma at presentation were associated with higher failure</p>





ABSTRACT NO.	FP121
TITLE	"Overdiagnosis in glaucoma - Are we jumping on the bandwagon?"
CHIEF AUTHOR	Dr. Deepti Patel
PRESENTING AUTHOR	Dr. Deepti Patel
CO-AUTHOR(S)	NA
SYNOPSIS	<p>Glaucoma is a chronic progressive optic neuropathy which if not diagnosed can lead to permanent loss of vision but this fear of losing sight, our dependence on newer diagnostic devices, medico legal concerns, sometimes may lead to overdiagnosis of the disease which results not only in financial burden to the family but also has psychological impact on them Causes of Overdiagnosis of glaucoma can be broadly classify into IOP related causes</p> <p>OCT artefacts</p> <p>Field follies</p> <p>Disc dilemma</p> <p>Myopia</p> <p>Declaring a patient is having glaucoma is like having permanent tatoo done so we must take into account the causes of errors before labelling a patient as glaucomatous</p>



ABSTRACT NO.	FP122
TITLE	Molecular and histopathological insights from the lens capsule of Iridocorneal endothelial syndrome
CHIEF AUTHOR	Dr. Julie Pegu
PRESENTING AUTHOR	Dr. Julie Pegu
CO-AUTHOR(S)	Dr. Arya Wagle, Dr. Dixit Soni, Dr. Suneeta Dubey
SYNOPSIS	<p>ICE syndrome is a rare disorder involving abnormal corneal endothelial proliferation, iris atrophy, and secondary glaucoma. A 60-year-old woman presented with an eccentric superonasal pupil, iris thinning, PAS in nasal quadrants, and IOP of 14 mmHg on two AGM with a CDR of 0.75. Specular microscopy showed low endothelial count and poor hexagonality. ICE syndrome with secondary glaucoma was diagnosed. During cataract surgery, abnormal capsular adhesions were noted; the capsule was sent for histopathology and molecular analysis, and blood for WES. The lens capsule cells showed altered morphology and increased TNF-<math>\alpha</math>, CXCL10, <math>\alpha</math>-SMA, and fibronectin expression, indicating integrin <math>\beta</math>1-mediated fibrosis. Apical-basal polarity was retained with elevated PARD3 and ZO-1. WES revealed no pathogenic variants. Histology showed thickened basement membrane and activated fibroblasts. The case suggests ICE syndrome may involve fibrotic remodeling beyond corneal endothelium via integrin signaling</p>



ABSTRACT NO.	FP123
TITLE	Does surgery with Kahook Dual Blade affect glaucoma eyedrop bottles related carbon footprint?
CHIEF AUTHOR	Dr. Mona Khurana
PRESENTING AUTHOR	Dr. Mona Khurana
CO-AUTHOR(S)	Dr. Geethu Gopakumar, Dr. Pooja S, Dr. Ronnie George
SYNOPSIS	<p>To assess the change in medication bottle related carbon footprint after Kahook dual blade (KDB) excisional goniotomy with phacoemulsification (PE). Retrospective case series. Patients post KDB goniotomy with PE, pre and post surgery follow-up of 1 year were included. Carbon footprint attributable to the plastic (LDPE) in glaucoma eyedrop bottles for 1 year pre and post surgery was estimated (weight of used eye drop bottles converted to kgCO<sub>2</sub>eq) and change in carbon footprint was assessed. 40 glaucoma patients (age 63.4±14.7 years) included; mean preoperative IOP 17.7±5.1 mmHg, decreased to 14.7±3.5 mmHg (p = 0.001) at 1 year. Mean weight of eyedrop bottles used per person decreased from 83.5±38.4grams preoperatively (1 year) to 22.1±31.2grams postoperatively over 1 year (p &lt; 0.001) with a 72% decrease in carbon footprint from 0.481±0.2kgCO<sub>2</sub>e/kg to 0.126±0.18 kgCo<sub>2</sub>e/kg (p &lt; 0.001). A significant reduction in glaucoma eyedrop bottle related carbon footprint was seen after KDB surgery</p>





ABSTRACT NO.	FP124
TITLE	Acetazolamide induced ciliary body effusion
CHIEF AUTHOR	Dr. Parul Sony
PRESENTING AUTHOR	Dr. Parul Sony
CO-AUTHOR(S)	NA
SYNOPSIS	<p>Drug induced ciliary body effusion leading to rotation of ciliary body shallowing of anterior chamber and appositional closure of angle is well documented in non-glaucomatous eyes. Topiramate, a sulfa based drug which is frequently prescribed drug for headaches &amp; epilepsy has been the most commonly reported drug with this kind of reaction. Acetazolamide is also a sulfa-group of drugs and infrequent cases of -induced bilateral transient myopia, acute ACG, and choroidal effusion have been reported in non-glaucomatous cases. The occurrence in only a few patients taking the drug suggests an idiosyncratic reaction of the uvea with an expansion of the extravascular compartment, due perhaps to a sudden breakdown of the blood-ocular barrier to large proteins. These changes can occur with-in 3-6 hours of consumption of the drug. We report 2 such cases</p>



ABSTRACT NO.	FP125
TITLE	Outcomes of Bandage Contact Lens in Early Bleb Leak following Trabeculectomy
CHIEF AUTHOR	Dr. Dhanashree
PRESENTING AUTHOR	Dr. Dhanashree
CO-AUTHOR(S)	Dr. Ronnie George
SYNOPSIS	<p>The study aims to evaluate outcomes of BCL in early bleb leak following trabeculectomy. Retrospective, case record review of 265 patients with glaucoma who underwent uneventful fornix based trabeculectomy or phacotrabeculectomy from Jan 2012-June 2024 with bleb leak within 8 weeks post op with atleast 60 days follow up. Success was resolution of leak with <math>IOP \leq 21</math> or <math>\geq 5</math> with or without AGM. Persistent leak needing surgical intervention or <math>IOP &lt; 5</math> or <math>&gt; 21</math> mmHg with or without AGM was failure. Mean age <math>50.7 \pm 17.2</math> years. Median time for bleb leak was 8 days post op. Mean duration of BCL wear <math>21.6 \pm 19.3</math> days. Leak resolved in 90.1% with BCL. Mean IOP in persistent leak vs. resolution was <math>11.8 \pm 6.7, 14.4 \pm 7.2</math> mm Hg (<math>p &lt; 0.01</math>). Post leak resolution in BCL eyes success was 87.6%, 88.8% at 6 weeks and 6 months. In 102 eyes with 1 year follow up success was 88.2%. 9.8% underwent conjunctival resuturing, 6 months success rate 81.8% BCL is safe and effective for early bleb leak following fornix based trabeculectomy</p>



ABSTRACT NO.	FP128
TITLE	Abstract - An usual presentation of Axenfeld Reiger anomaly
CHIEF AUTHOR	Dr. Saanchal Sethi
PRESENTING AUTHOR	Dr. Saanchal Sethi
CO-AUTHOR(S)	Dr. Harinder Singh Sethi
SYNOPSIS	<p>A 23 year old male presenting with diminution of vision of left eye since 8 months and coloured haloes since three months. No other significant systemic history. Patient was diagnosed as ICE syndrome at two different eye care centres. We noticed corneal edema and CSME in left eye with BCVA finger counting at 1 metre whereas other eye which was BCVA 6/6 showed posterior embryotoxon which clinched the diagnosis in favour of Axenfeld Reiger Anomaly and CSME is an unusual presentation</p>





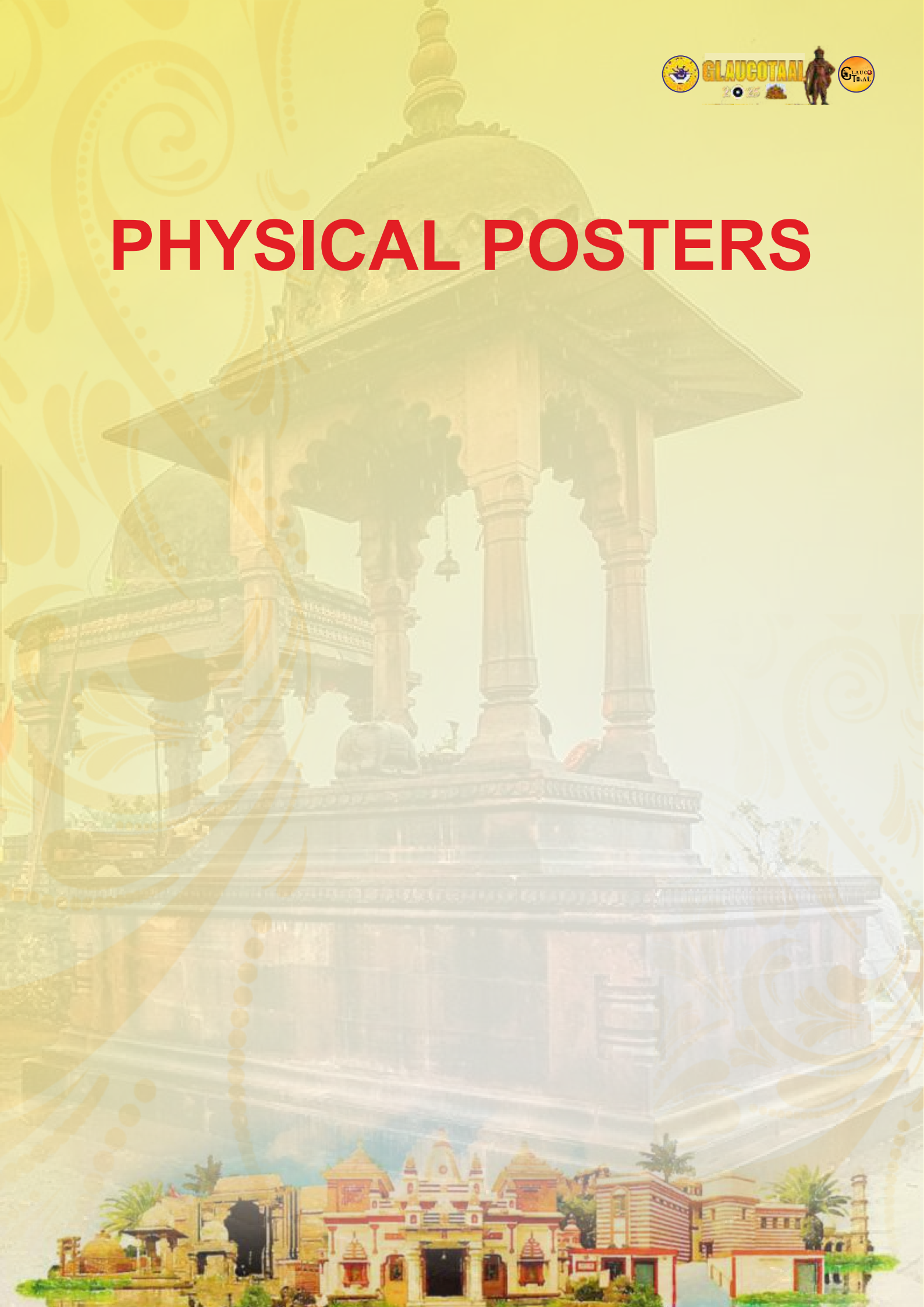
ABSTRACT NO.	FP129
TITLE	Comparison of IOP obtained by GAT, Corvis ST, Icare and NCT in patients with glaucoma
CHIEF AUTHOR	Dr. Sadananda Shetty
PRESENTING AUTHOR	Dr. Sadananda Shetty
CO-AUTHOR(S)	Dr. Prashanth R
SYNOPSIS	<p>The aim of the study was to investigate the effects of various anatomical structures in IOP measurements obtained by the Corvis ST, GAT, Icare tonometer and NCT, as well as to assess the interchangeability among the various IOP measurement: IOP-GAT, I care, IOP-NCT, IOP-Corvis and biomechanically corrected IOP (bIOP-Corvis). We included 60 patients with POAG and assessed their IOP obtained with the GAT, Corvis ST, Icare, NCT using a repeated measures ANOVA, a paired t-test, and Bland-Altman plots. IOP-GAT showed the highest values, followed by Icare, IOP-NCT, IOP-Corvis and bIOP-Corvis). Bland-Altman plots showed a mean difference between IOP-GAT and the other IOP measurements (IOP-Corvis, bIOP-Corvis, and IOP-NCT). The widths of the 95% limits of agreement between all pairs of IOP measurements were greater than 3 mmHg. IOP values obtained with the GAT, Corvis ST, I-care and NCT, and were not interchangeable. The bIOP-Corvis measurement corrected for the ocular structure.</p>



ABSTRACT NO.	FP131
TITLE	Controlling Pressure through Inflammation: Case series on Glaucoma and ocular cicatricial pemphigoid
CHIEF AUTHOR	Dr. Mayank Rai
PRESENTING AUTHOR	Dr. Mayank Rai
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	<p><b>Aim of Study:</b> To describe the clinical profile and response to systemic immunomodulatory therapy (IMT) in patients with ocular cicatricial pemphigoid (OCP) and coexisting glaucoma. <b>Material &amp; Methods:</b> Retrospective analysis of 9 patients (17 eyes) with biopsy-proven or clinically diagnosed OCP and glaucoma. Data on IOP, medications, and conjunctival findings were reviewed pre- and post-IMT. <b>Results:</b> Mean age was 66.2 years; 6 patients had pre-existing glaucoma and were on a mean of 2.5 topical AGMs. Mean IOP at peak congestion was <math>22 \pm 12</math> mmHg, which reduced to <math>13 \pm 3.17</math> mmHg post-IMT (n=15), with stable AGM use. Two patients were on maximum medical therapy, and two underwent MIGS. <b>Conclusion:</b> In OCP, IOP often responds poorly to AGMs alone. Systemic IMT significantly improves IOP and ocular surface inflammation. Early differentiation from drug-induced conjunctivitis is critical. IMT should be a key part of glaucoma management in OCP</p>



# PHYSICAL POSTERS





ABSTRACT NO.	EP2
TITLE	Architects of ocular integrity: scleral patch grafts in bleb leak repair
CHIEF AUTHOR	Dr. Srujana Lingala
PRESENTING AUTHOR	Dr. Srujana Lingala
CO-AUTHOR(S)	Dr. Ajitha Sasidharan, Dr. Mithun Thulasidas
SYNOPSIS	<p><b>Objective:</b> To evaluate the efficacy of scleral patch graft bleb reconstruction in managing late-onset hypotony and bleb leaks following combined phacoemulsification and trabeculectomy with mitomycin C. <b>Methods:</b> Two patients who has undergone phacoemulsification with trabeculectomy with mitomycin C 10 years back, presented as ocular hypotony and macula hypotony due to over filtering thin cystic bleb and bleb leak. In both patient's bleb reconstruction using a donor scleral patch graft and conjunctival autograft was done. <b>Results:</b> Postoperatively, both patients achieved normalization of intraocular pressure (IOP), and improved visual acuity. At 6-months follow-up, the grafts remained intact, and IOP was maintained within normal limits. <b>Conclusion:</b> Scleral patch graft bleb reconstruction is an effective technique for restoring scleral flap function and achieving IOP control in patients with late-onset hypotony and leaking blebs, thereby preserving visual function</p>



ABSTRACT NO.	EP5
TITLE	Nail patella syndrome and glaucoma: A case report and review of literature
CHIEF AUTHOR	Dr. Nirati Srivastava
PRESENTING AUTHOR	Dr. Nirati Srivastava
CO-AUTHOR(S)	NA
SYNOPSIS	<p><b>Introduction:</b> Nail patella syndrome, also known as Hereditary onycho osteodystrophy (HOOD), is a rare autosomal dominant hereditary disorder. Its incidence is approximately 1 in 5000. <b>A case report:</b> A 25 year old female patient has been referred to our department with the diagnosis of Nail patella syndrome with renal involvement. On complete ophthalmic examination, patient had hypertelorism, broad flat nasal bridge. Her BCVA was 6/9 p in both eyes and gonioscopy showed open angles. Her intraocular pressure were RE 28 and LE 30 on first visit. Anterior segment shows early posterior subcapsular cataract and fundus examination revealed 0.7 CDR with no RNFL loss but grade 1 hypertensive retinopathy changes . Her pachymetry shows RE 523 and LE 525. No visual field loss noted. Aqueous suppressants were prescribed which controlled IOP.</p> <p><b>CONCLUSION:</b> Patients diagnosed to have NPS should undergo complete ophthalmic examination as there is co segregation between NPS and glaucoma</p>



ABSTRACT NO.	EP8
TITLE	The Pressure Within: Delayed-Onset Carotid-Cavernous Fistula with Glaucoma
CHIEF AUTHOR	Dr. Sagarika Snehi
PRESENTING AUTHOR	Dr. Sagarika Snehi
CO-AUTHOR(S)	NA
SYNOPSIS	<p>Carotid-cavernous fistulas (CCFs) are abnormal arteriovenous communications between the carotid artery and the cavernous sinus. These lesions can lead to elevated episcleral venous pressure, resulting in secondary glaucoma, venous congestion, and cranial neuropathies. Prompt recognition is crucial, as delayed diagnosis can result in irreversible visual and neurological impairment. We present a rare case of delayed-onset, low-flow traumatic CCF in a 35-year-old male, presenting eight years after a road traffic accident. The patient exhibited unilateral episcleral venous congestion, raised intraocular pressure, secondary open-angle glaucoma, cranial nerve III and VI palsies, and central serous chorioretinopathy. Diagnosis was confirmed with MRI and digital subtraction angiography, which revealed a low-flow indirect CCF. The patient underwent successful endovascular embolization, leading to resolution of vascular congestion, normalization of IOP, and recovery of extraocular motility</p>





ABSTRACT NO.	EP9
TITLE	Post-traumatic iris cyst: A Case series
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	Dr. Anamika Paul, Dr. Neethu Mohan
SYNOPSIS	<p>Post-traumatic iris cysts are secondary inclusion cysts, triggered by entry of epithelial cells into the anterior chamber following penetrating trauma, keratoplasty or cataract surgery. We report a series of 5 patients with varied presentations of inclusion cysts of the iris. A retrospective chart review was done and all the relevant parameters like gonioscopy, intraocular pressure, ultrasound biomicroscopy (UBM), medical/surgical interventions and histopathological reports were analysed. All the 5 patients showed clear serous cysts in UBM. Of the 5 patients, conservative approach was adopted in 3 patients. One patient required cyst excision, while the other developed refractory glaucoma requiring multiple glaucoma surgeries, after cyst excision elsewhere. Prognosis of iris inclusion cysts following trauma is generally poor. UBM plays a critical role in evaluation of these cysts. With no clear consensus regarding the ideal management, conservative approach is recommended when possible</p>



ABSTRACT NO.	EP13
TITLE	When blebs don't need Mitomycin! A Case series of Iatrogenic blebs
CHIEF AUTHOR	Dr. Yamini K
PRESENTING AUTHOR	Dr. Yamini K
CO-AUTHOR(S)	Dr. Prasanna Venkataraman
SYNOPSIS	<p>Phacoemulsification is now the standard of care for cataract surgery in most parts of the world. Manual small incision surgery is a low cost, safe and effective alternative in high volume, resource scarce settings. In the learning phase, one can encounter problems with creating a perfect sclerocorneal tunnel. Poor wound construction leads to wound leak, hypotony, inadvertent filtering blebs and infection. We report a series of 4 patients with unintended blebs following manual small incision cataract surgery and describe the clinical features with gonioscopy and anterior segment optical coherence tomography. Proper care must be exercised while constructing the sclerocorneal tunnel during cataract surgery to avoid iatrogenic blebs and related complications. Any superior conjunctival cyst in a patient with history of cataract surgery should be evaluated with caution before planning cyst excision, to avoid intraoperative surprises</p>



ABSTRACT NO.	EP15
TITLE	High Patient Acceptability of MRF Online Perimetry Across Literacy Levels in a Screening Program
CHIEF AUTHOR	Prof. Yu Xiang (George), Kong
PRESENTING AUTHOR	Prof. Yu Xiang (George), Kong
CO-AUTHOR(S)	Dr. Prasanna Venkatesh Ramesh, Dr. Shibal Bhartiya
SYNOPSIS	<p>We evaluated patient experiences using Melbourne Rapid Fields (MRF) online perimetry during a community-based screening program in Gurugram, India. A total of 369 participants were surveyed after completing the test. Of these, 96% agreed or strongly agreed that the test was simple to use. Notably, 54 respondents self-identified as illiterate, yet 87% of this subgroup found the test easy to perform, confirming the intuitive interface of MRF. 61% of all participants indicated they would be willing to use the system at home, while 82% expressed a preference for MRF over the Humphrey Visual Field test. Over 90% reported they learned to use the system quickly, and 85% were satisfied with the experience. These results suggest MRF is a highly usable and well-accepted perimetry tool, even among individuals without formal education. Its accessibility and ease of deployment support broader implementation for community screening and home-based visual field monitoring in low-resource settings</p>





ABSTRACT NO.	EP18
TITLE	Two Eyes, Two Surgeries - One Clear Choice: Patient Preference between MIGS and Trabeculectomy
CHIEF AUTHOR	Dr. Shikha Suresh
PRESENTING AUTHOR	Dr. Shikha Suresh
CO-AUTHOR(S)	Dr. Bindu S Ajith, Dr. Revathy KV
SYNOPSIS	<p><b>AIM:</b> To compare the quality of life (QoL) outcomes in glaucoma patients who underwent trabeculectomy in one eye and Kahook Dual Blade goniotomy (minimally invasive glaucoma surgery, MIGS) in the contralateral eye. <b>METHODS:</b> A cross-sectional pilot study of 11 patients using a combined GQL-15 and NEI VFQ25 questionnaire with an additional custom section was used to assess QoL <b>RESULTS:</b> 45.45% reported similar vision in both eyes, 36.36% preferred MIGS eye. MIGS was perceived to perform better in bright (36.36%) and dim light (45.45%). Postoperatively foreign body sensation (45.45%) and dryness (18.18%) were common in trabeculectomy eye. Frequency of hospital visits were more in Trabeculectomy eye (72.72% <math>p &lt; 0.0078</math>). Recovery was faster in MIGS eye (63.63%). 63.63% preferred MIGS over trabeculectomy (<math>p &lt; 0.015</math>). <b>CONCLUSION:</b> This pilot study suggests that MIGS may offer better subjective quality of life, fewer postoperative complications and faster recovery compared to trabeculectomy</p>



<b>ABSTRACT NO.</b>	<b>EP19</b>
<b>TITLE</b>	<b>One drug –Two Outcomes : The Janus Faces of Acetazolamide</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Bindu S Ajith</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Bindu S Ajith</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Mohitha Mohan, Dr. Vysakh Balan</b>
<b>SYNOPSIS</b>	<p>53 yrs old hypertensive male after undergoing myringotomy started on single dose of tab acetazolamide complaints of pain and defective vision in OU. On examination IOP was 44mmhg OD and 40 mmhg OS anterior chamber was shallow and gonioscopy revealed closed angles was advised for yag pi both eye but came for second opinion. In ASOCT there was massive ciliochoroidal effusion in both eye so advised steroid eye drops, cycloplegics, and antiglaucoma drops. On repeated ASOCT there was regression of cilichoroidal effusion and IOP back to normal and anterior chamber deepened .Reporting this case is to signify that even a single dose of acetazolamide can cause acute angle closure in both eyes</p>



ABSTRACT NO.	EP21
TITLE	"Silent Threat: Bilateral Angle Recession in a Young adult Following Blunt Trauma"
CHIEF AUTHOR	Dr. Monika Arora
PRESENTING AUTHOR	Dr. Monika Arora
CO-AUTHOR(S)	Dr. Gursimran Kaur
SYNOPSIS	<p>Angle recession glaucoma is a known complication of blunt ocular trauma, often presenting years after the initial injury. While typically unilateral, bilateral angle recession is rare and underdiagnosed, especially in young patients who may not recall or report prior trauma. We present a case of bilateral angle recession in a young male following remote blunt trauma, identified during routine evaluation for raised intraocular pressure. Gonioscopic examination revealed wide-angle recession in both eyes with optic nerve damage and visual field loss. This case highlights the importance of detailed ocular history and thorough gonioscopic evaluation in all cases of unexplained glaucoma, even in the young. Early diagnosis is crucial to prevent irreversible optic nerve damage. The case also underscores the need for long-term follow-up of patients with a history of trauma, regardless of presenting symptoms, and discusses appropriate medical and surgical management strategies in such scenarios</p>





ABSTRACT NO.	EP23
TITLE	Not All Angle Closures Are Alike: A Hidden Effusion in Nanophthalmos
CHIEF AUTHOR	Dr. Tosha Gujarathi
PRESENTING AUTHOR	Dr. Tosha Gujarathi
CO-AUTHOR(S)	Dr. Sharmila R
SYNOPSIS	<p>A rare case of unilateral secondary angle closure in 33-year-old hyperopic male with +10.00 DS in both eyes with bilateral nanophthalmos due to spontaneous supraciliary and choroidal effusion. He presented with gradual visual decline and found to have asymmetric anterior chambers, short axial lengths of 17.89mm right eye (RE) and 17.84mm left eye (LE), and 360° choroidal detachment in the RE. UBM confirmed supraciliary effusion in RE and B-scan showed 360°choroidal detachment with 2.40mm RCS thickness. Initial steroid therapy was ineffective, and persistent effusion required posterior sclerostomy, leading to marked anatomical and visual recovery. Nanophthalmos complicated by spontaneous uveal effusion can mimic primary angle closure, but requires a different diagnostic and therapeutic approach. This case highlights the need for comprehensive ocular imaging and judicious surgical intervention for early recognition and treatment to prevent permanent visual loss in anatomically complex eyes</p>



ABSTRACT NO.	EP25
TITLE	Spontaneously arrested Primary Congenital Glaucoma
CHIEF AUTHOR	Dr. Priyasha Goel
PRESENTING AUTHOR	Dr. Priyasha Goel
CO-AUTHOR(S)	NA
SYNOPSIS	<p>This case report describes a rare presentation of spontaneously arrested primary congenital glaucoma (PCG) in a 17-year-old female. The patient presented with longstanding diminished vision and left eye exotropia since early childhood. Examination revealed normal right eye function, but the left eye showed reduced visual acuity, megalocornea with Haab striae, and sensory exotropia. Intraocular pressure was normal, and the optic nerve appeared healthy. Anterior segment anomalies, including prominent iris processes and anterior iris insertion, were noted. Despite structural signs of prior glaucoma, there was no active disease. Genetic testing revealed a CYP1B1 mutation, highlighting the variable expressivity of PCG. The case underscores the importance of recognizing atypical PCG presentations and emphasizes the need for lifelong monitoring, even in the absence of progressive disease</p>



<b>ABSTRACT NO.</b>	<b>EP29</b>
<b>TITLE</b>	<b>A case of recurrent bilateral hyphema post Kahook's goniectomy in a patient with blood dyscrasia</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Archana S</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Archana S</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Sujatha Mohan</b>
<b>SYNOPSIS</b>	<p>A 66 year old patient with hypertension and ischemic heart disease was diagnosed with open angle glaucoma in both eyes. He was a high myope with intra ocular pressure (IOP) in mid teens on 3 antiglaucoma medications (AGMS). On developing significant cataract he underwent uneventful phaco emulsification with IOL implantation and Kahook's dual blade goniectomy sequentially in both eyes. On post operative day 1 he had 6/6 vision with IOP in low teens. On day 20 he had dispersed hyphema with drop in vision and IOP spike which was managed with judicious use of topical steroid (due to steroid response) and AGMs. Subsequently over the course of one year he developed three more episodes of streak hyphema and IOP spikes in both eyes. On systemic investigations the following risk factors were identified fluctuating blood pressure, usage of clopidogrel and later both ecosprin and ticagrelor tablet post myocardial ischemia and increased clot lysis in factor 13 test</p>





<b>ABSTRACT NO.</b>	<b>EP30</b>
<b>TITLE</b>	<b>Sleep, Plaques, and Pressure: Stabilizing NTG with Systemic Intervention</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Lipsa Sahu</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Lipsa Sahu</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Avik Roy, Dr. Pallavi Ray</b>
<b>SYNOPSIS</b>	<p>A 75-year-old male with normal tension glaucoma (NTG) in both eyes on dual topical anti-glaucoma medications, had well-controlled intraocular pressure (IOP 10 mmHg) and best corrected visual acuity of 20/30 in both eyes. Despite this, progressive visual field loss was noted in the right eye at every follow-up. Systemic evaluation revealed obstructive sleep apnea and carotid plaques (33.5% at the right distal common carotid and left bifurcation). Continuous positive airway pressure (CPAP) was initiated, nocturnal antihypertensives discontinued, and aspirin started. At 2-month follow-up, visual field showed improvement, with stability maintained over 1 year. This case highlights the importance of systemic evaluation in NTG and suggests that addressing vascular and systemic factors may halt or reverse disease progression, even when IOP is controlled</p>



<b>ABSTRACT NO.</b>	<b>EP32</b>
<b>TITLE</b>	<b>When the Obtruder Visits Early</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Nimmy George</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Nimmy George</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Smitha V.K</b>
<b>SYNOPSIS</b>	<p>7 different cases of glaucoma in children.1. Axenfeld Reiger syndrome :8/M; unusual appearance of eyes. both eyes high IOP, posterior embryotoxon, corectopia;2. Juvenile open angle glaucoma:14/F, defective side vision; both eyes increased IOP, advanced glaucomatous cupping;3. Microspherophakia: 20/F, S/P LPI, presented with anteriorly dislocated lens in AC; Underwent PPL+SFIOL.4. Sturge Weber syndrome:14/M with forehead hemangioma, gonioscopy-blood in Schlemm's canal. Fundus-glaucomatous cupping in same eye;5. Post traumatic glaucoma:12/M, with past h/o corneal tear repair, posterior subcapsular cataract, uncontrolled IOP with maximum medications, glaucomatous cupping; underwent trabeculectomy.6. Steroid induced glaucoma:14/M, on steroid drops for VKC, both eyes high IOP with glaucomatous cupping; 7. Glaucoma in myopia:16/F, high IOP, fundus-large myopic disc, visual field-glaucomatous defects. Thus pediatric glaucoma requires early detection and individualized management to prevent irreversible vision loss</p>



ABSTRACT NO.	EP33
TITLE	Bilateral Congenital Ectropion Uveae with Unilateral Glaucoma in Two Siblings
CHIEF AUTHOR	Dr. Deepa Ramamoorthy
PRESENTING AUTHOR	Dr. Deepa Ramamoorthy
CO-AUTHOR(S)	Dr. Madhuri M.B
SYNOPSIS	<p>14 year old female BCVA BE 6/6P, IOP by GAT RE 16mmHg and LE 38mmHg. On slit lamp examination she was found to have BE diffuse iris atrophy and ectropion uveae. On gonioscopy high insertion of iris was noted. On fundus examination CDR RE-0.6 HNRR, LE – 0.9 bipolar rim thinning. Features suggestive of bilateral congenital ectropion uveae with unilateral glaucoma. Patient is planned for Suture-assisted Gonioscopy-Assisted Transluminal Trabeculotomy (GATT). Her sibling 20 year old female presented with a similar picture BE iris atrophy with ectropion uveae. On gonioscopy patient had BE high insertion of iris. CDR RE 0.65 IR notching, LE 0.3HNRR. Both the sisters were diagnosed to have Anterior segment dysgenesis with trabeculodysgenesis. Congenital ectropion uveae is a rare disorder with unilateral anterior chamber dysgenesis that commonly leads to unilateral secondary glaucoma in the mid-teenage years. Visual prognosis is largely dependent on early diagnosis and treatment of the glaucoma</p>





<b>ABSTRACT NO.</b>	<b>EP34</b>
<b>TITLE</b>	<b>Early Onset, Lifelong Impact: Juvenile Open Angle Glaucoma - A Case Series</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Saritha Valsala Krishnankutty</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Saritha Valsala Krishnankutty</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Leema Rose Thomas, Dr. Nishi R S</b>
<b>SYNOPSIS</b>	<p><b>JOAG is a less well studied subset of glaucoma</b></p> <p><b>1. A 27 year old male with h/o headache</b>  <b>BCVA OD 6/9 OS 6/6 ; GAT OD 30 mmHg, OS 34 mmHg</b>  <b>FUNDUS GOA BE</b>  <b>HFA Advanced OU</b>  <b>Modified trab BE. Later latanoprost &amp; dorz added</b></p> <p><b>2. A 24 year old male with accidentally detected DV RE</b>  <b>BCVA OD CF 1/2m OS 6/12 ; GAT 32 mm Hg OU</b>  <b>Fundus OD – GOA OS – CDR 0.9</b>  <b>HFA Tubular field OS</b>  <b>Underwent modified trab LE. On MMT RE latanoprost in LE</b></p> <p><b>3. A 37 year old male referred for glaucoma evaluation.</b>  <b>BCVA OD 6/9 OS 6/60</b>  <b>Fundus OD CDR 0.8 OS GOA</b>  <b>HFA Advanced BE GAT 38 mm Hg OD 34 mm Hg OS</b>  <b>Started on MMT and referred to Aravind</b>  <b>NPDS OD and NPDS + Trabeculotomy OS, on dorz</b></p> <p><b>Conclusion</b>  <b>These 3 cases of advanced JOAG highlight the need for early detection, coupled with life-long monitoring. Visual &amp; social rehabilitation needed for optimal patient outcomes</b></p>



<b>ABSTRACT NO.</b>	<b>EP36</b>
<b>TITLE</b>	<b>Analysis of Foveal Avascular Zone Parameters in relation to glaucoma severity</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Niya Babu</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Niya Babu</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Madhuri M.B</b>
<b>SYNOPSIS</b>	<p>The foveal avascular zone (FAZ) parameters were studied in primary open angle glaucoma ( POAG) and primary angle closure glaucoma (PACG).Potential association between the FAZ characteristics by Optical Coherence Tomography Angiography(OCTA) and visual field in Humphreys field analyser (HFA) 24-2,10-2 were analysed.25 eyes each in POAG and PACG were taken.Vessel density(VD) and Perfusion Density(PD)(central,inner,full) had significant positive correlation in severe glaucoma with p value 0.0308, 0.0001, &lt;0.0001 respectively.There was significant positive correlation between FAZ area and MD24-2 in severe glaucoma in both groups with correlation coefficient (r)-0.8012(p-0.0053), also there was a significant positive correlation between FAZ area and MD10-2 in moderate-r0.6874(p-0.0281)and severe-r0.5536 (p-0.0061)PACG and severe POAG r-0.9455(p-0.0013).Detecting FAZ parameter changes by OCTA in moderate and severe glaucomas can enhance our understanding of disease progression</p>



ABSTRACT NO.	EP38
TITLE	Outcomes of pars plana placement of Aurolab Aqueous Drainage Implant in neovascular glaucoma
CHIEF AUTHOR	Dr. Shivam Gupta
PRESENTING AUTHOR	Dr. Shivam Gupta
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev, Dr. Techii Dodum Tara
SYNOPSIS	<p>NVG patients (28 eyes) who underwent AADI implantation were retrospectively analyzed. Results: Mean IOP reduced from <math>46.21 \pm 8.6</math> mmHg to <math>32.07 \pm 13.0</math> mmHg, <math>23.08 \pm 12.8</math> mmHg, <math>21.00 \pm 14.4</math> mmHg &amp; <math>22.67 \pm 19.5</math> mmHg at 2 weeks, 6 weeks, 6 &amp; 12 months. The mean number of AGM reduced from 3 to 2.42, 1.37, 1.55 and 1.65 at 2 weeks, 6 weeks, 6 &amp; 12 months. Complete success was 50% and 37.5% (using criteria 1: IOP <math>\leq 18</math> mmHg or 30% reduction from the baseline without AGM and criteria 2: IOP <math>\leq 15</math> mmHg or <math>\geq 5</math> mmHg or 40% reduction from baseline without AGM, respectively) after 12 months. Qualified success was seen in 83.3% and 72.2% (using criteria 1: IOP <math>\leq 18</math> mmHg or 30% reduction from the baseline with single AGM and criteria 2: IOP <math>\leq 15</math> mmHg or <math>\geq 5</math> mmHg or 40% reduction from baseline with single AGM respectively) of patients after 12 months. Conclusion: This study demonstrates pars plana placement of AADI in NVG had good surgical success in terms of IOP control and visual acuity</p>





ABSTRACT NO.	EP42
TITLE	BAK-Free Latanoprost with SMM Technology: Efficacy, Safety, and Ocular Surface Benefits
CHIEF AUTHOR	Dr. Komelabbas Gulamabbas Bhojani
PRESENTING AUTHOR	Dr. Shilpa
CO-AUTHOR(S)	Dr. Ajay Jaysingh Khopade, Dr. Arindam Dipakk Haldar, Dr. Neeraj Markandeywar
SYNOPSIS	<p>Conventional latanoprost 0.005% uses Benzalkonium Chloride (BAK) for stability, requires 2–8°C storage, and causes ocular surface toxicity. BAK-free micelle formulation with Solubilizing Micelle Microemulsion (SMM) technology improves solubility, stability and tolerability. In 8-week open-label study, switching from BAK-preserved to BAK free latanoprost (n=40 eyes) significantly improved TBUT (3.7s to 6s), OSDI (18.1 to 7.1), and corneal staining score all <math>p &lt; 0.0001</math>, with maintained IOP and good tolerability. A 12-week phase 3 RCT (n=578) comparing BAK-preserved to BAK-free latanoprost showed 6–7 mmHg IOP reduction with BAK-free latanoprost; mild ocular AEs for both formulations. A 36-week safety study (n=161) showed sustained efficacy and lower hyperemia with BAK-free vs BAK-preserved latanoprost (46.7% vs 49.5%). BAK-free latanoprost offers better safety compared to BAK-preserved latanoprost, it is convenient and can enhance compliance in glaucoma management.</p>



<b>ABSTRACT NO.</b>	<b>EP43</b>
<b>TITLE</b>	<b>Surgical repair of an over-filtering bleb with a novel adjunct protective membrane</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Meena Menon</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Nischala Balakrishna</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>Ocular hypotony is an uncommon yet vision-threatening sequelae following filtration surgery. It can present late and manifest in the form of hypotonous maculopathy in an otherwise asymptomatic patient. In cases of a chronic, overfiltering bleb, use of Platelet-rich fibrin (PRF) along with a scleral patch graft helps create additional outflow resistance. We present one such case of a 60-year old male with bilateral aphakia and hypotonous maculopathy following trabeculectomy, wherein, a PRF membrane sutured with a scleral patch graft helped alleviate hypotony and maintain satisfactory intraocular pressures postoperatively. PRF membrane is a blood concentrate rich in platelets releasing growth factors accelerating fibrin formation. It helps in tissue healing and makes it biocompatible to help seal leaks in a hypotonous bleb and makes it a potential alternative to Amniotic Membrane in cases of complicated trabeculectomy surgeries.</p>



ABSTRACT NO.	EP45
TITLE	<b>Glaucoma Screening in Cataract Patients Using Remidio Camera:Reducing Dependence on Ophthalmologists</b>
CHIEF AUTHOR	<b>Dr. Niyatee Uniyal</b>
PRESENTING AUTHOR	<b>Dr. Niyatee Uniyal</b>
CO-AUTHOR(S)	<b>Dr. Atanu Majumdar, Dr. Shailendar Sabarwal, Dr.Suneeta Dubey</b>
SYNOPSIS	<p>In ophthalmology, AI has shown significant promises. However, its practical application in glaucoma screening especially in the context of preoperative cataract assessment is underexplored. This study assesses the Remidio Fundus on Phone (FOP) AI-based camera for glaucoma screening in cataract surgery candidates. Conducted at Dr. Shroff's Charity Eye Hospital Delhi, 482 eyes were imaged; 92.1% were gradable. Among 442 images compared to a glaucoma specialist's evaluation, sensitivity was 71.4%, (95% CI: 56.7% to 83.4%), specificity 87.0% (95% CI: 83.3% to 90.2%), and overall accuracy of 85.3%. with high specificity and good sensitivity, the Remidio FOP offers a promising screening tool in low-resource settings. Due to its portability its use could aid early detection and referral, especially where access to specialists is limited. This AI tool offers a practical triage resource in preoperative cataract workflows, potentially reducing referral burdens in resource-limited environments</p>





<b>ABSTRACT NO.</b>	<b>EP47</b>
<b>TITLE</b>	<b>Unveiling the uncommon: a rare case of Peter's Plus</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Anugya Sharma</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Anugya Sharma</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Julie Pegu</b>
<b>SYNOPSIS</b>	<p>A 4-month-old infant, born of consanguineous parents, presented with bilateral whitish discoloration of the eyes noted since birth. Clinical examination revealed corneal opacities in both eyes, with variable degree of vascularization, thin and stretched iris tissue, and delicate iris strands adherent to the opaque corneas. Posterior embryotoxon was observed bilaterally. Fundus examination demonstrated glaucomatous cupping of the optic nerves along with elevated intraocular pressure in both eyes. Systemic evaluation identified two small atrial septal defects. By 12 months, additional systemic features had emerged, including a prominent forehead, hypertelorism, a long philtrum, brachydactyly, and developmental delays. These findings led to a diagnosis of Peters' plus syndrome. Consequently, the patient underwent sequential trabeculectomies in both eyes. Genetic analysis revealed a heterozygous deletion on chromosome 6 and a heterozygous duplication on chromosome 13.</p>



ABSTRACT NO.	EP48
TITLE	When the Bleb Betrays : Fungal Blebitis Post Trabeculectomy in Advanced PACG
CHIEF AUTHOR	Dr. Pooja Dash
PRESENTING AUTHOR	Dr. Pooja Dash
CO-AUTHOR(S)	Dr. Madhusmita Behera
SYNOPSIS	<p><b>Aim of study</b> - To highlight the clinical presentation, diagnostic challenges and effective management of post-trabeculectomy fungal blebitis in a PACG patient.</p> <p><b>Material and methods</b> - A 60yr old female with advanced PACG and uncontrolled IOP (RE:34 mmHg, LE:46 mmHg on GAT) with BCVA of CF 2m both eyes underwent phacotrabeculectomy with MMC in the LE. POD1,she had a healthy bleb. By POD7, she developed blebitis with a whitish avascular bleb, sloughed bleb wall and localized conjunctival congestion(H0E1V3S0). Conjunctival swab and loose suture sent for microbiology and empirical fortified topical antibiotics(vanco+cefta)were started. B-scan done to out endophthalmitis. Results - KOH smear revealed fungal elements leading to immediate initiation of topical and systemic antifungal. Subsequent culture confirmed fungal growth on SDA. Infection resolved with prompt treatment and bleb architecture was well restored. Conclusion - Early suspicion, appropriate diagnostic workup and timely antifungal therapy is crucial.</p>



ABSTRACT NO.	EP50
TITLE	Assessment of severity of adult glaucoma using SPARCS & its correlation with RNFL & visual fields
CHIEF AUTHOR	Prof. Kavita R Bhatnagar
PRESENTING AUTHOR	Prof. Kavita R Bhatnagar
CO-AUTHOR(S)	Dr. Jyoti Shakrawal
SYNOPSIS	<p>Consecutive 132 adult glaucoma patients' eyes underwent Spaeth/Richman contrast sensitivity (SPARCS), visual fields, RNFL OCT and Pelli robson contrast sensitivity tests. SPARCS scores in mild, moderate and severe glaucoma eyes were 73.67, 60.09 and 50.13 respectively. Spearmans coefficient of correlation between HVF mean deviation (MD) and OCT RNFL, SPARCS and HVF MD, OCT RNFL and SPARCS, Pelli Robson scores and HVF MD were 0.386 (<math>p&lt;0.001</math>), 0.690(<math>p&lt;0.001</math>) ,0.240(<math>p=0.006</math>) and 0.532(<math>p&lt;0.001</math>) respectively which shows a positive correlation. SPARCS was found to have better correlation than Pelli Robson Test with respect to severity. (<math>p &lt;0.05</math>)</p>





<b>ABSTRACT NO.</b>	<b>EP51</b>
<b>TITLE</b>	<b>Impact of Glaucoma on Quality of Life in Indian Patients: A Literature Review</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Zeenat Fatima</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Mansi Johri</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Amey Mane, Dr. Suyog Mehta, Dr. Neeraj Markandeywar</b>
<b>SYNOPSIS</b>	<p>In India, glaucoma patients often present with advanced disease, making quality of life (QoL) assessment critical. Cultural and socioeconomic factors influence QoL. This review summarizes impact of glaucoma on QoL in Indian patients. A PubMed search using keywords glaucoma, quality of life, India for studies from 2000–2024 was conducted. Sixteen studies showed glaucoma significantly reduced QoL on vision-related and general health measures versus controls. Mean GQL score in control group was <math>19.66 \pm 5.5</math> and in glaucoma cases was <math>32.8 \pm 10.2</math>. Advanced disease, greater visual field loss, b/l involvement, and monocular blindness worsened QoL, particularly in mobility, independence, and mental health. Anxiety (25%) and depression (36%) were common. Females, lower-income, and illiterate patients had poorer QoL. Glaucoma markedly impairs QoL in Indian patients. Routine QoL and mental health screening, simplified treatments, and affordable rehabilitation can improve patient well-being</p>



<b>ABSTRACT NO.</b>	<b>EP55</b>
<b>TITLE</b>	<b>Bilateral Glaucoma in Klippel-Trenaunay Syndrome: Rare Ophthalmic Manifestation of Phakomatosis</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Bhawesh Chandra Saha</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Rashmi Chandra</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Zeba Khanam</b>
<b>SYNOPSIS</b>	<p>Klippel-Trenaunay Syndrome (KTS), a rare mesodermal phakomatosis, is defined by a triad of capillary malformation, venous varicosities, and soft tissue/bony hypertrophy. A 23-year-old female presented with bilateral blurred vision and extensive port-wine stains on the trunk and limbs, with left upper limb hypertrophy. Ophthalmologic evaluation revealed high intraocular pressure (IOP) in both eyes, glaucomatous optic neuropathy, and visual field defects, more severe in the right eye. Despite maximal medical therapy, IOP control was suboptimal, leading to right eye trabeculectomy. Postoperative IOP reduced to 10 mm Hg with improved vision. Systemic evaluation confirmed superficial venous incompetency and limb hypertrophy consistent with KTS. This case highlights a rare bilateral glaucoma presentation in KTS, emphasizing the importance of early ophthalmologic screening and intervention</p>



<b>ABSTRACT NO.</b>	<b>EP58</b>
<b>TITLE</b>	<b>An interesting case of co-existing phacomatosis with secondary glaucoma!</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Rajat Mohan Srivastava</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Rajat Mohan Srivastava</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Aradhna Mishra, Dr. Farheen Parveen, Dr. Siddharth Agrawal</b>
<b>SYNOPSIS</b>	<p>Phacomatosis is a heterogenous group of disorders primarily affecting the central nervous system along with skin, peripheral nerves and other connective tissues. Though rare, different phacomatosis may co-exist leading to overlap of features making the clinical diagnosis a challenge. We describe a unique case of secondary glaucoma in a teenager with overlapping features of both the Sturge-Weber and Klippel-Trenaunay syndrome. The case highlights the need for strong suspicion and a thorough clinical examination to identify co-existing phacomatoses especially in patients presenting with hypertrophy of facial and limb tissues associated with Port-wine stain and secondary glaucoma</p>





ABSTRACT NO.	EP59
TITLE	Presentation and management of patients with Microspherophakia
CHIEF AUTHOR	Dr. Nidhi Tomar
PRESENTING AUTHOR	Dr. Nidhi Tomar
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	<p><b>Study Design:</b> Observational study <b>Purpose:</b> To study clinical presentation and management of Microspherophakia patients. <b>Method:</b> 3 yrs Clinical profile &amp; management laser/surgical/medical assessed. <b>Results:</b> 23 patient (46 eyes) 13 Female &amp; 10 male &amp; mean age 26 yrs. 52% presented with low Vision &amp; 17.3% (4) pain. 26% (6) had family history. Mean refractive spherical correction - 12.2, 30.4% (14) had Glaucoma. 47.8% (22) had displaced lens. 27.2% (6) anterior dislocation needed early surgery. 36.3% (8) anterior 18.8% (4) Temporal ,9% (2) Nasal &amp; 9% (2) inferior subluxation. 38 (82.6)% had laser PI .Post-PI 26.3%(10) had reduced IOP , 42%(16) required AGM &amp; 31.5% (12) required surgery. 77.7% (14) anterior and 22.2% (4) had pars plana lensectomy. Mean IOP pre op 16.6mmHg reduced to 15.6, 12.3 &amp; 15.2 mmHg at 1,3&amp;6 month &amp; only 2 required AGM with none requiring glaucoma surgery. <b>Conclusion:</b> Majority Microspherophakia patients' needs laser PI &amp; some require additional lensectomy for IOP control</p>



ABSTRACT NO.	EP60
TITLE	Outcomes of High dose MMC (40µg) augmented bleb Needling after failed/failing filtering procedures
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev, Dr. Shivam Gupta
SYNOPSIS	<p><b>Purpose:</b> Evaluate outcomes of bleb needling with High dose (40µg) subconjunctival MMC after failing/failed filtering procedures</p> <p><b>Methods:</b> Prospective, interventional study. Pts who had raised IOP following filtering procedures, flat bleb, encapsulation, &amp;/or requiring AGM were included. Outcome measures were AGM, IOP, BCVA, Success rate</p> <p><b>Results:</b> 52 eyes (52 pts) were included. Mean time to needling was 6.77 months &amp; mean glaucoma duration was 2.92 years. IOP decreased from mean (SD) 25.56 (6.78) mmHg to 13.65 (4.58), 15.13 (3.66), 15.42 (4.23), 14.74 (4.28) at 1, 3, 6, 12 months (<math>p &lt; .0001</math>) &amp; AGM 2.02 (0.96) to 0.17 (0.47), 0.48 (0.73), 0.85 (0.94), 1.10 (0.98) at 1, 3, 6, 12 months (<math>p &lt; .0001</math>). Complete success (IOP <math>&gt;5</math> &amp; <math>\leq 21</math> mmHg without AGM) 95.8, 87.5 &amp; 74.4% at 3, 6, 12 months. Overall success was 98.1, 94.2 &amp; 88.3% at 3, 6, 12 months. No significant complication was noted. 3 patients required GDD implantation</p> <p><b>Conclusion:</b> Bleb needling with high-dose MMC appears to be a viable option for salvaging failing/failed filtration without compromising safety</p>



<b>ABSTRACT NO.</b>	<b>EP61</b>
<b>TITLE</b>	<b>Smartphone applications for Glaucoma Patients and the Visually Impaired</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Megha G</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Megha G</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>There is limited information about the scope of Smartphone Applications (Apps) for glaucoma patients and the visually impaired. Our study summarizes these apps. App store (iOS) and Google play store (Android phones) were searched. The available apps divided into 4 categories Among the total of 108 apps, 6 (5%) were eye drop reminder, 47 (44%) other pill reminder apps in which eye drops and doctor appointments can be entered. 4 (4%) for education and help bonding with other glaucoma patients. Among the testing apps most were for visual acuity screening (41; 38%) and 1 (1%) for visual fields. 9 (8.3%) for visually impaired. This study unveils a range of apps that can help patients manage their disease better as they help as reminders, to manage doctor appointments &amp; also to have better knowledge of glaucoma. The apps for blind, especially with Artificial Intelligence can help in their daily activities &amp; to achieve greater heights. Knowledge about these can help us educate our patients</p>





# E - POSTERS



ABSTRACT NO.	EP1
TITLE	A Case Report of bilateral angle closure in Pigment related Ocular hypertension
CHIEF AUTHOR	Dr. Shubhangi Sharma
PRESENTING AUTHOR	Dr. Shubhangi Sharma
CO-AUTHOR(S)	Dr. Debashish Dash
SYNOPSIS	<p><b>Aim:</b> We describe an incidental diagnosis of bilateral angle closure in Pigment related Ocular hypertension in a young male.</p> <p><b>Presentation:</b> A 40 year male presented with foreign body sensation in the left eye. Slit-lamp examination revealed a small foreign body in left upper palpebral conjunctiva along with Krukenberg spindle and deep anterior chambers in both eyes. Gonioscopy showed a concave iris configuration and 4+ TM pigmentation associated with multiple gonio-synechiae bilaterally. IOP was 38 mmHg in the OD and 18 mmHg in OS. A cup-disc ratio of 0.5 in OD and 0.6 in OS, with no signs of glaucomatous optic neuropathy noted. A diagnosis of bilateral pigment-related ocular hypertension with secondary angle closure was made. The patient underwent bilateral YAG laser peripheral iridotomy and was started on topical anti-glaucoma medications, with good IOP control on follow-up.</p> <p><b>Conclusion:</b> This case emphasizes the importance of thorough anterior segment evaluation and gonioscopy</p>



ABSTRACT NO.	EP3
TITLE	“Inhalational Corticosteroids : Unraveling the Impact on IOP”
CHIEF AUTHOR	Dr. Lalitha K.J
PRESENTING AUTHOR	Dr. Lalitha K.J
CO-AUTHOR(S)	Dr. Niharika Singri Prasad
SYNOPSIS	<p>To present a case of Advanced Glaucoma following Inhalational Steroids. 75-year old lady Asthmatic since childhood on Inhalational steroids on and off. Cataract surgery done 10 years back in both eyes. Diagnosed with Glaucoma 2 years back. Baseline IOP was RE 34 and LE 26mmHg.RE diagnosed with Advanced glaucoma. Her IOP was kept under control with anti-glaucoma medications, which got suddenly aggravated with increase in frequency and dosage of inhalational steroids due to her systemic conditions. Trabeculectomy with MMC was done in RE with control of IOP. Prolonged administration of high doses of inhalational Glucocorticosteroids increases the risk of Ocular Hypertension or Secondary open angle glaucoma. Increase in frequency and dose of inhalational steroids can lead to a decompensation of IOP in well controlled patients. So careful monitoring of IOP is required in all patients to prevent progression of Glaucoma in these patients on long term inhalational steroids</p>





ABSTRACT NO.	EP4
TITLE	Bilateral Acute angle closure in children (AAC)
CHIEF AUTHOR	Dr. Lalitha K.J
PRESENTING AUTHOR	Dr. Lalitha K.J
CO-AUTHOR(S)	Dr. Niharika Singri Prasad
SYNOPSIS	<p>To show a case of drug induced bilateral Acute angle closure (AAC) in children 9 year old girl without any prior usage of glasses presented with defective vision since 2 days. She is a k/c/o Migraine since 5-6 yrs being treated with Topiramate for last 1 week. Her vision in both eyes 3/60 improved to 6/6 with RE -10.00 DS and in LE -8.00 DS. IOP RE 30 and LE 28 mm of Hg. She had shallow angles and UBM showed anterior rotation of ciliary body and ciliochoroidal effusion in BE. Diagnosis of Topiramate induced bilateral AAC was made. She was advised to stop Topiramate and treated with topical steroid, cycloplegics and AGM. After 3 weeks, the vision improved to 6/6 with open angles, normal IOP and resolved effusion in BE. Mere stopping the causative drug and symptomatic treatment will cure bilateral AAC attack Topiramate is commonly used not only in adult but also in pediatric patients with Migraine and causes bilateral AAC attack and should be kept in mind while treating these kids</p>



ABSTRACT NO.	EP6
TITLE	<b>A Rare Presentation of Neovascular Glaucoma (NVG) Following Branch Retinal Vein Occlusion (BRVO)</b>
CHIEF AUTHOR	<b>Dr. Shubhangi Sharma</b>
PRESENTING AUTHOR	<b>Dr. Shubhangi Sharma</b>
CO-AUTHOR(S)	<b>Dr. Debashish Dash</b>
SYNOPSIS	<p>NVG is a severe, vision-threatening condition primarily caused by retinal ischemia-induced angiogenesis. This case report discusses a 65-year-old hypertensive male presenting with left eye watering and raised IOP. Initial examination revealed NVA without NVI, along with retinal hemorrhages and ischemic changes consistent with BRVO. The patient was diagnosed with NVG in the open-angle stage, secondary to ischemic BRVO, and managed with sectoral laser photocoagulation and maximal medical therapy. Despite initial improvement, poor compliance and loss to follow-up led to disease progression, with subsequent development of NVI and uncontrolled IOP. Timely gonioscopic evaluation and management at the open-angle stage remain critical for preserving vision. This case underscores the importance of high clinical suspicion for NVG even in atypical etiologies like BRVO and highlights the need for rigorous patient compliance and monitoring to prevent irreversible vision loss</p>



<b>ABSTRACT NO.</b>	<b>EP7</b>
<b>TITLE</b>	<b>ICL implantation in a patient with high myopia and well controlled, stable, steroid induced glaucoma</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Alka Pandey</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Alka Pandey</b>
<b>CO-AUTHOR(S)</b>	<b>NA</b>
<b>SYNOPSIS</b>	<p>A 25 year old female with steroid induced glaucoma (Left eye &gt; Right eye) and myopia of -7 D in both eyes wanted spectacle removal surgery. She underwent Express implant in her left eye. Her IOP was well controlled on Latanoprost eye drop in both eyes and her visual fields showed no progression 3.5 years after the glaucoma surgery. She then underwent ICL implantation in both eyes to correct her refractive error. She is maintaining an IOP of 10 mm Hg in both eyes on Latanoprost eye drop with stable visual fields, 5 years after the ICL surgery</p>





ABSTRACT NO.	EP12
TITLE	Post Traumatic Secondary Glaucoma: Interesting Case Scenarios
CHIEF AUTHOR	Dr. Aditi Dubey
PRESENTING AUTHOR	Dr. Aditi Dubey
CO-AUTHOR(S)	NA
SYNOPSIS	<p>I will be presenting few interesting case scenario where glaucoma was seen post blunt ocular trauma and various mechanism were involved</p> <p>Case1: 50 year male sustained blunt injury to LE by assault developed traumatic subluxated cataract with raised pressure, which was extracted with Anterior vitrectomy and SFIOL implantation. presented with secondary glaucoma managed medically. Case 2: 38year old male presented with LE blunt trauma by fist o/e Vitreous strands were present in anterior chamber at 2 and 4 O'clock position and traumatic mydriasis, Berlin's edema and Horse shoe shaped tear at 6 O'clock with raised pressure. managed with retinal laser and medically</p> <p>Case 3: 18 year male presented with intractable raise IOP following blunt trauma to RE o/e traumatic uveitis and pigment dispersion was seen. case was managed medically. In the above cases IOP was raised immediately post trauma, the mechanism involved was different in all these cases and hence the treatment and results.</p>



<b>ABSTRACT NO.</b>	<b>EP14</b>
<b>TITLE</b>	<b>Traumatic Anterior Chamber Fistula: A Blebs' Tale.</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Bhawesh Chandra Saha</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Bhawesh Chandra Saha</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Rashmi Chandra</b>
<b>SYNOPSIS</b>	<p>Report a case of accidental seton forming inferior bleb leading to hypotony maculopathy. 4-year-old boy presented with swelling in right eye located inferior to limbus. Had history of trauma from pen while playing eight months back. On examination, his visual acuity in right eye was 6/18, with an intraocular pressure of 6 mmHg. Clinical examination revealed a conjunctival bleb measuring 0.5 mm inferior to the limbus at the 5 o'clock position. Fundoscopic evaluation demonstrated disc edema and chorioretinal folds. Intraoperative gonioscopy, performed under general anesthesia, revealed iris incarceration within a scleral fistula at the 5 o'clock position. The incarcerated iris was unplugged using spatula, and the scleral wound was repaired with 10-0 nylon sutures. His vision post-operatively was 6/12 with an IOP of 14 mmHg. This case highlights a rare but vision-threatening complication of pediatric ocular trauma. Intraoperative gonioscopy was critical for identifying occult iris.</p>



ABSTRACT NO.	EP16
TITLE	Vitreous prolapse – the rarest complication of peripheral iridotomy
CHIEF AUTHOR	Dr. Zeba Khanam
PRESENTING AUTHOR	Dr. Zeba Khanam
CO-AUTHOR(S)	Dr. Bhawesh Chandra Saha
SYNOPSIS	<p>A 23 year old male with diminution of vision in right eye for 2 months. Visited local practitioner, some procedure done on slit lamp (document not available). Presented vision in RE – PL positive and PR inaccurate and IOP- 55 mmHg. SLE showed vitreous in anterior chamber and vitreous condensation at 2 o clock position near the angle due to which the iris structure beneath it not visualised with open angle on gonioscopy with total cupping of optic disc. Anterior segment imaging showed PI and vitreous prolapse in AC through PI. Underwent anterior vitrectomy. On follow up vision – 5/60 and IOP was 13 mmHg. Conclusion – cataract and lens dislocation is rare complication of YAG PI. Few Cases of reported post laser capsulotomy leading to pupillary block eventually causing acute angle closure. Laser energy could cause anterior vitreous disturbance, and rupture the anterior hyaloid due to high energy levels causing immediate liquefaction, and prolapse of viterous into the anterior chamber.</p>





ABSTRACT NO.	EP17
TITLE	Misleading Cupping: A Case of Mistaken Identity
CHIEF AUTHOR	Dr. Deepa Ramamoorthy
PRESENTING AUTHOR	Dr. Deepa Ramamoorthy
CO-AUTHOR(S)	Dr. Neethu Mohan
SYNOPSIS	<p>A 8 year old female with BCVA in right eye (RE) 6/12 and left eye (LE) 6/9. Intraocular pressure (IOP) and anterior segment examination was normal. Fundus exam revealed RE-Cup disc ratio 0.65 and LE-Cup disc ratio 0.75, superior rim thinning and retinal nerve fibre layer defect. Colour vision was normal. Confrontation test showed B/L inferior altitudinal field defect. OCT showed diffuse RNFL thinning BE. On Further questioning revealed history of preterm birth. MRI brain showed B/L parietooccipital gliosis suggestive of Hypoxic ischemic encephalopathy. A rare case of probable retrograde trans-synaptic degeneration of ganglion cell axons presenting with a RNFL defect in Cerebral visual impairment secondary to HIE. HIE can cause glaucoma like cupping due to transsynaptic degeneration following damage to retrogeniculate pathway. This case underscores the critical role of detailed clinical history and systematic evaluation in avoiding diagnostic pitfalls.</p>



ABSTRACT NO.	EP20
TITLE	The Missing Muscle and the Rising Pressure- Ocular Manifestations in Poland syndrome
CHIEF AUTHOR	Dr. Mohitha Mohan
PRESENTING AUTHOR	Dr. Mohitha Mohan
CO-AUTHOR(S)	Dr. Bindu S Ajith, Dr.Shikha Suresh
SYNOPSIS	<p>A 65-year-old male patient on treatment for hypertension coronary artery disease presented with uncontrolled intraocular pressure. The patient exhibited reduced vision in OU 6/24 OD, 6/9p OS and cataract in both eyes and IOP of 52 mmHg in the OD 42 mmhg in left eye with closed angles in both eyes. Fundus examination revealed glaucomatous optic neuropathy Left eye showed features of lagophthalmos, functional epiphora, and grade 3 ectropion, along with punctal stenosis. Systemic features like brachydactyly , syndactyly pectus excavatum, absence of pectoralis muscle - suggestive of Poland syndrome. Phacoemulsification with trabeculectomy done in right eye and left on antiglaucoma medications. This case highlights the association of Poland syndrome with glaucoma. Literature shows only single publication of Poland syndrome with glaucoma.</p>



ABSTRACT NO.	EP22
TITLE	Behind the IOL: A Bloody Revelation
CHIEF AUTHOR	Dr. Tosha Gujarathi
PRESENTING AUTHOR	Dr. Tosha Gujarathi
CO-AUTHOR(S)	Dr. Sharmila R
SYNOPSIS	<p>67-year-old male, known case of primary open-angle glaucoma, with hypertension and cardiac disease, on blood thinners and prostaglandin analogue, came with complaints of diminution of vision in LE. Examination revealed BCVA 6/9 in BE, intraocular pressure (IOP) 12 mmHg (RE) and 19 mmHg (LE), immature cataracts, and glaucomatous cupping of 0.8. He underwent MIGS (Tanitos hook)+ Phaco in LE. Postoperative day (POD) 1 revealed BCVA of 6/9 with few small blood clots in the anterior chamber with IOP 14mmHg. POD 15 he presented with fresh re-bleed behind the IOL, almost filling half of the bag with BCVA of 6/60 and IOP 15mmHg. He underwent meticulous AC wash and achieved 6/6 vision with IOP 11 mmHg without anti-glaucoma medication. This rare case highlights an uncommon but significant complication of delayed hyphema behind the IOL following MIGS. Careful evaluation, tailored approach, and vigilant postoperative monitoring with timely intervention is crucial to prevent rebleeding and vision loss.</p>





ABSTRACT NO.	EP24
TITLE	"Glaucoma with Ectropion Uveae in a Patient with Neurofibromatosis Type 1: earliest manifestation"
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Bhawesh Chandra Saha
CO-AUTHOR(S)	Dr. Zeba Khanam
SYNOPSIS	<p>A 9-month-old female presented with 6-month history of left eye proptosis, globe enlargement and photophobia. Birth and family history were unremarkable. She did not fix/follow light with the left eye. Examination revealed left eye proptosis with S-shaped eyelid, hazy cornea, Haab's striae, ectropion uveae, IOP 23 mmHg, corneal diameter 15.5x14 mm, axial length 27.2 mm, and high iris insertion on gonioscopy. Right eye was normal. EUA was done under difficult intubation. MRI brain/orbit showed left sphenoid wing dysplasia with frontal lobe herniation, confirming NF1. She underwent trabeculotomy + trabeculectomy with MMC in the left eye. Post-op IOP was normal on Dorzolamide. Glaucoma occurs in 1–2% of NF1 cases, often multifactorial. Ectropion uveae results from endothelialization of the anterior chamber angle, contributing to angle dysgenesis and elevated IOP</p>



ABSTRACT NO.	EP26
TITLE	Heart to Eye: Atrial Myxoma Presenting with vascular occlusion and Neovascular Glaucoma
CHIEF AUTHOR	Dr. Sagarika Snehi
PRESENTING AUTHOR	Dr. Sagarika Snehi
CO-AUTHOR(S)	NA
SYNOPSIS	<p>We report a rare and severe case of combined ischemic central retinal vein occlusion (CRVO) and central retinal artery occlusion (CRAO) in a 16-year-old male with underlying left atrial myxoma. The patient presented with acute, painless vision loss in the left eye and had a past history of embolic stroke with right hemiparesis. Ocular examination revealed neovascular glaucoma (IOP 45 mmHg), rubeosis iridis, and a heart-shaped neovascularization of the optic disc. Fundus showed signs of both CRAO and ischemic CRVO (disc NVD, hemorrhages, vessel sclerosis). MRI brain and angiography showed embolic infarcts and ICA narrowing. Multidisciplinary management was initiated including PRP and systemic embolic control. This case highlights the embolic potential of atrial myxomas in pediatric patients and the need for early systemic and ocular intervention to prevent irreversible vision loss.</p>



ABSTRACT NO.	EP27
TITLE	Minimally Invasive Glaucoma Surgery in PAC and PACG: Short Term Clinical Outcomes
CHIEF AUTHOR	Dr. Madhuri M.B
PRESENTING AUTHOR	Dr. Madhuri M.B
CO-AUTHOR(S)	Dr. Neethu Mohan, Dr.Niya Babu
SYNOPSIS	<p>Short-term clinical outcomes of Minimally invasive glaucoma surgery (MIGS) in Primary Angle Closure (PAC) and Primary Angle Closure Glaucoma (PACG) eyes were analysed over 3 months. 24 eyes (18 PACG and 6 PAC) with cataract underwent phacoemulsification with MIGS which included KDB excisional goniotomy, Tanito microhook trabeculotomy, BANG and suture GATT with or without goniosynechialysis. In PAC group, mean preoperative intraocular pressure (IOP) was <math>14.83 \pm 2.23</math> mm Hg and postoperative IOP at 3 months was <math>15.67 \pm 3.27</math> (<math>p=0.5166</math>) mmHg with none of the patients requiring antiglaucoma medications (AGM). In the PACG group mean preoperative IOP was <math>15.89 \pm 3.53</math> mmHg and postoperative IOP at 3 months was <math>13.33 \pm 3.07</math> (<math>p= 0.0052</math>) with 1 patient requiring one AGM. In our study 23 (95.8%) eyes achieved complete success and 1 eye (4.2%) achieved qualified success. MIGS with phacoemulsification effectively reduced IOP and medication burden with a favourable safety profile in patients with PAC and PACG.</p>





ABSTRACT NO.	EP28
TITLE	"Green Isn't Always Good: Unmasking Early Glaucoma Despite Normal OCT"
CHIEF AUTHOR	Dr. Sania Gulwani
PRESENTING AUTHOR	Dr. Sania Gulwani
CO-AUTHOR(S)	Dr. Mahavir Mukundarao Khandharwar, Dr.Pankaj Bendale
SYNOPSIS	<p>To highlight a case of “green disease” where normal OCT RNFL masks clinically evident glaucoma, emphasizing clinical-radiological correlation for early glaucoma detection. A 64-year-old female with BCVA 6/6 OU presented for routine evaluation. IOPs were 20 mmHg OD and 21 mmHg OS. Fundus showed superior disc hemorrhage with RNFL defect OD, and superior and inferotemporal RNFL defects OS. Visual fields (24-2, SITA FAST) were normal. OCT showed green quadrant-wise RNFL values OD, while OS showed inferior RNFL thinning. Pachymetry was normal in both eyes. Despite clinical evidence of glaucomatous optic neuropathy, OCT failed to reflect damage in OD due to normal global values. Visual fields were non-contributory. This case illustrates “green disease,” where OCT may mask early or focal glaucomatous damage by normative color coding. Accurate diagnosis requires integration of clinical findings, structure–function correlation, and critical OCT interpretation beyond color coding.</p>



ABSTRACT NO.	EP31
TITLE	Trauma the SAVIOUR- A blessing in disguise
CHIEF AUTHOR	Dr. Tripti Johri
PRESENTING AUTHOR	Dr. Tripti Johri
CO-AUTHOR(S)	NA
SYNOPSIS	<p>Presenting a case of 53 year old male presented with dimunition of vision in the left eye with slight pain for 3 months. History revealed a blunt ocular trauma leading to scleral rupture and traumatic cataract in the right eye 15 years back, for which he underwent perforation repair and subsequently cataract surgery. He had best corrected visual acuity of 6/9 in RE and 6/60 in LE. On AT, IOP in the RE was 14 mmHg and 56 mmHg in LE. The examination of the right eye revealed a scar at the superior cornea and limbus, irregular pupil, pseudophakia and a healthy appearing optic disc. The left eye pupil had RAPD, high IOP with advanced glaucoma damage. On gonioscopy, RE showed a traumatic cyclodialysis cleft superiorly with open angles in the rest of the quadrants and open angles in LE as well. Due to formation of a traumatic inadvertent cyclodialysis cleft in the patient's right eye did not develop glaucoma whereas the left eye underwent the natural course of primary open angle glaucoma.</p>



ABSTRACT NO.	EP35
TITLE	Sturge Weber Syndrome Mangement:Clinical profile and outcomes of Combined surgery.
CHIEF AUTHOR	Dr. Shivam Gupta
PRESENTING AUTHOR	Dr. Shivam Gupta
CO-AUTHOR(S)	Dr. Devendra Maheshwari, Dr. Madhavi Ramanatha Pillai, Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	<p>Study design : Observational study Purpose: To study management and clinical course of Sturge Weber patients. Method: Clinical profile and Glaucoma management (surgical/medical) was assessed for 3 years. Results: 26 patients (26 eyes) of which 65% (17) Female &amp; 34% (9) male with presenting age from 32 days to 68 years.26.9 % (8) had epilepsy. 3 patients had Ocular melanosis naevi .65.3% (17) left, 30.7% (8) Right &amp; 1 patient both side face involvement. Blood in Schelms Canal in (19.2%) (5) and Choroidal Hemangioma in 42.3% (11) 88.4% (23) had Glaucoma. 34.7 % (8) medically managed with mean 2 AGM (18.5mmHg). 65.2% (15) were surgically managed &amp; majority underwent Combined Trabeculotomy + Trabeculectomy (14). The mean preop IOP was 31.1 mmHg which reduced to 14, 11.2, 10.1 &amp; 9.5 mmHg at 2 week, 1m,3m and 6 month respectively. Number of AGM reduced from 1 to 0.5. Conclusion: Glaucoma in SWS patients requires Surgical intervention with Trab + Trab giving promising surgical results.</p>





ABSTRACT NO.	EP37
TITLE	Youngest Case report of Bilateral Microspherophakia with unilateral Secondary Glaucoma
CHIEF AUTHOR	Dr. Ajeet Kumar Dwivedi
PRESENTING AUTHOR	Dr. Ajeet Kumar Dwivedi
CO-AUTHOR(S)	NA
SYNOPSIS	<p>26 months old irritable child came in OPD with c/o left eye white cornea by mother. Medical history reveals seizures a month back. Ocular examination revealed IOP of 14 &amp; 48 mmHg &amp; corneal haze. Bilaterally small sized crystalline lens found with anterior dislocation in left eye. Systemic evaluation showed generalized epileptiform discharges &amp; normal homocystein level. Cornea was 11.5 &amp; 12.00 mm while Axial lengths were 21.80 &amp; 20.68 mm on USG. Diagnosis of bilateral Microspherophakia with left eye anterior lens dislocation and secondary glaucoma was made &amp; Primary lensectomy with Contact lens rehabilitation. Early surgical intervention with +16.50D Soft CL VA (6/12N6) was achieved with normal IOP. Secondary glaucoma with microspherophakia can be usual presentation. As 5 year old earlier case reported, this child was youngest (26 months). Systemic evaluation &amp; early intervention may save irreversible blindness. Contact lens visual rehabilitation &amp; secondary IOL implantation avoids amblyopia.</p>



ABSTRACT NO.	EP39
TITLE	Acetazolamide Induced Bilateral Acute Angle Closure Post Cataract Surgery
CHIEF AUTHOR	Dr. Aziza Yasmeen
PRESENTING AUTHOR	Dr. Aziza Yasmeen
CO-AUTHOR(S)	NA
SYNOPSIS	<p>A 62-year-old lady with medically controlled diabetes and hypertension underwent phacoemulsification with intraocular lens implantation in the left eye. Intraoperatively she developed DMD managed with postoperative intracameral Air injection. Subsequent pupillary block led to elevated IOP prompting administration of oral Acetazolamide. Shortly after Acetazolamide intake the patient developed shallow anterior chamber and significant IOP rise in both eyes despite pseudophakic status in the other eye. This clinical presentation suggested drug-induced SECONDARY acute angle closure glaucoma. Ultrasound B scan revealed the presence of choroidal effusions. Acetazolamide was discontinued and patient was labelled with sulpha allergy. The patient was treated with topical and Oral Steroids cycloplegics and anti-glaucoma medications. Symptoms resolved with early management and IOP was normalized within a week without further complications.</p>



ABSTRACT NO.	EP40
TITLE	Story of a large portwine stain with a small eye
CHIEF AUTHOR	Dr. Anjali Mahesh Wadhwa
PRESENTING AUTHOR	Dr. Anjali Mahesh Wadhwa
CO-AUTHOR(S)	Dr. Vidya Wadke
SYNOPSIS	<p>We present a rare case of a patient with Sturge Weber syndrome and nanophthalmos with angle closure glaucoma. A 28 year old female came with chief complaints of diminution of vision in both eyes since 2 months.</p> <p>Visual acuity in right eye was hand movement close to face with +16D correction &amp; in left eye was 3/60 with +15D correction. OD had glaucomatous optic atrophy &amp; OS had a VCDR 0.9:1 with bipolar rim thinning. Patient was on 2 topical and 1 oral IOP lowering agents with an IOP of 17 mm Hg in OD &amp; 56 mm Hg in OS. The patient had a right sided port wine stain. Patient had undergone YAG PI in both eyes. Left eye PI was not patent. Left eye PI was repeated. Post PI control of IOP at 13 mm Hg was achieved with maximum tolerated topical medications. She is under close follow up with frequent visual fields &amp; is stable. The axial length of OD is 15.44 mm &amp; OS is 15.12 mm. There is one published case report of unilateral microphthalmos with features simulating Sturge Weber syndrome.</p>





ABSTRACT NO.	EP41
TITLE	Ripasudil - To be or not to be - A case report
CHIEF AUTHOR	Dr. Rajesh Pattebahadur
PRESENTING AUTHOR	Dr. Rajesh Pattebahadur
CO-AUTHOR(S)	Dr. Sagarika Snehi
SYNOPSIS	<p>We report a unique case of paradoxical corneal decompensation following Ripasudil use in a 48-year-old female with bilateral ICE Syndrome, secondary angle-closure glaucoma (SACG), and Morning Glory Syndrome in the left eye. Despite controlled IOP post glaucoma surgery (LE phaco-trabeculectomy), the patient exhibited persistent corneal edema. Ripasudil 0.4% was started for its endothelial protective effect; however, it led to reticular, honeycomb-pattern bullous keratopathy localized to the interpalpebral area. The edema improved dramatically upon stopping Ripasudil, indicating a drug-induced keratopathy distinct from pressure-related edema. This case emphasizes the need for caution when using Rho kinase inhibitors in compromised corneas, especially post-surgery, and highlights the importance of differentiating medication-induced effects from primary pathology to avoid unnecessary interventions.</p>



ABSTRACT NO.	EP44
TITLE	Stormy ride of a bilateral angle closure attack
CHIEF AUTHOR	Dr. Meena Menon
PRESENTING AUTHOR	Dr. Meena Menon
CO-AUTHOR(S)	Dr. Nischala Balakrishna
SYNOPSIS	<p>Primary Angle Closure Glaucoma often occurs unilaterally, and simultaneous onset in both eyes is less known. Additionally, medication-induced attacks rarely require a laser peripheral iridotomy(PI). We present a case of a 50-year-old woman with features of bilateral angle closure attack who was advised PI elsewhere. On examination, old keratic precipitates on the corneal endothelium along with posterior segment retinochoroidal thickening and suprachoroidal fluid suggested the possibility of viral keratouveitis. Inflammation and corneal edema decreased post a course of oral and topical steroid therapy. Ancillary history revealed long-term use of oral antihistaminics and follow-up gonioscopy showed closed angles for which bilateral prophylactic PI was performed. These case findings show the possibility of sympathomimetic activity of this drug, which could have accelerated an attack in Primary Angle Closure eyes.</p>



ABSTRACT NO.	EP46
TITLE	Sequential Surgical Management of Refractory Glaucoma in Cogan Reese variant of ICE Syndrome
CHIEF AUTHOR	Dr. Rutul M. Patel
PRESENTING AUTHOR	Dr. Rutul M. Patel
CO-AUTHOR(S)	Dr. Pooja Bhomaj
SYNOPSIS	<p>Glaucoma secondary to iridocorneal endothelial (ICE) syndrome is often refractory to medical management and poses surgical challenges. We report a 23 year male of ICE syndrome (Cogan Reese variant) with failed trabeculectomy. A repeat trabeculectomy with intracameral Anti-VEGF was performed. On postoperative day 18, bleb failed again for which bleb needling was done leading to hyphema without IOP control. Consequently, ahmed glaucoma valve (AGV) was implanted superotemporally, stabilizing IOP at 1 month with 2 antiglaucoma medications (AGMs). Six months later, vision dropped due to posterior subcapsular cataract and early corneal decompensation. Phacoemulsification + DSEK was done. At final follow-up, 1.5 years post-AGV and 6 months post-phacoemulsification + DSEK, IOP was controlled on 2 AGMs with functioning AGV, clear graft and PCIOL in the bag. This case highlights the complexity of managing refractory glaucoma in ICE syndrome, often requiring multiple surgical interventions.</p>





ABSTRACT NO.	EP49
TITLE	Unusual Presentation in Axenfeld Reiger Syndrome
CHIEF AUTHOR	Dr. Jinal Makwana
PRESENTING AUTHOR	Dr. Jinal Makwana
CO-AUTHOR(S)	Dr. Reema Raval
SYNOPSIS	<p>To report a case on unusual presentation of Axenfeld reiger syndrome primarily presenting as ocular signs. A 13 year old female patient presented to ophthalmic OPD with diminution of vision in both eyes since 2-3 months. History taken and routine examination done. Patient has hypermetropia. Past and family history is not significant. On slit-lamp examination anteriorly displaced schwalbe's line with iris tissue adhesions to it and iris atrophy is seen. Glaucoma workup is normal except gonioscopy shows posterior embryotoxon and multiple goniosynechiae attached till schwalbe's line. All other investigations are normal. No any systemic anomaly found on paediatric evaluation. Child is prescribed proper refractive correction and 3 monthly regular followup for detection of glaucoma. Axenfeld reiger syndrome is a multisystem anomaly requires multidisciplinary approach. Regular followup is crucial for detection of glaucoma. Complete comprehensive examination helps to diagnose rare diseases.</p>



<b>ABSTRACT NO.</b>	<b>EP52</b>
<b>TITLE</b>	<b>Unilateral buphthalmos in infants: Predict the unpredictable!</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Ankit Arvindbhai Shah</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Ankit Arvindbhai Shah</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Shoruba Dinakaran, Dr.Sushma Tejwani</b>
<b>SYNOPSIS</b>	<p><b>Study design:</b> Case reports of 2 babies. <b>Purpose:</b> To report unusual presentation of unilateral angle closure glaucoma in early childhood to create awareness regarding early diagnosis and appropriate management. <b>Methods:</b> Two female children, first 7 weeks old and the second 3 months old presented with unilateral buphthalmos much like Primary congenital glaucoma with corneal diameter difference of 1.5 mm and 2 mm and axial length difference of 4 mm and 2 mm respectively. Examination under general anesthesia was done including IOP, slit lamp examination, corneal diameter, UBM, axial length, B scan. <b>Result:</b> Both children noted to have shallow AC with iris bombe and papillary membrane. The UBM revealed a normal crystalline lens and posterior segment was normal on B scan. Both were diagnosed with congenital pupil-iris-lens membrane. <b>Conclusion:</b> Treatment of the cause led to normalisation of the anterior chamber and IOP, without the need for any major invasive surgery.</p>



ABSTRACT NO.	EP53
TITLE	Navigating challenges in Neovascular glaucoma (NVG)
CHIEF AUTHOR	Dr. Gazella Bruce Warjri
PRESENTING AUTHOR	Dr. Gazella Bruce Warjri
CO-AUTHOR(S)	Dr. Taru Dewan
SYNOPSIS	<p>We present a case of NVG post combined CRAO with CRVO due to recently diagnosed uncontrolled hypertension. On slit lamp examination, NVI was noted OD and gonioscopy revealed 360° closed angles. Fundus OD had disc pallor with PRP marks seen in the mid periphery, with no macular oedema. OS had normal findings. Visual Field OD was severely depressed. Trabeculectomy with MMC was performed, after a dose of intravitreal anti-VEGF to regress the NVI. His IOP remained stable for 3 weeks, following which his bleb had features of early failure. OD bleb needling with MMC was done. In the subsequent months, he had to undergo GDD and TSCPC to control his IOP. Five months after the TSCPC it was noted that he had developed multiple NVD and NVI. He underwent ultra-wide field FFA, where multiple CNP areas were seen. PRP augmentation was performed. This is the first report in literature of the management of NVG post CRVO and CRAO. The management is a challenge and the glaucoma is recalcitrant</p>





<b>ABSTRACT NO.</b>	<b>EP54</b>
<b>TITLE</b>	<b>Pigments, Pressure and Possibilities: A diagnostic puzzle in pregnancy</b>
<b>CHIEF AUTHOR</b>	<b>Dr. Niyatee Uniyal</b>
<b>PRESENTING AUTHOR</b>	<b>Dr. Niyatee Uniyal</b>
<b>CO-AUTHOR(S)</b>	<b>Dr. Monica Gandhi, Dr. Suneeta Dube</b>
<b>SYNOPSIS</b>	<p>Glaucoma in pregnancy presents a unique diagnostic and therapeutic challenge due to hormonal influences, physiological changes, and concerns over fetal safety. A case of a 35-year-old antenatal patient with bilateral visual decline, Krukenberg spindles and homogenous pigmentation in all angles with advanced disc damage. Diagnosis was a puzzle as it was pigmentary Glaucoma or Glaucoma in Pregnancy? as review of literature reveals krukenberg spindles on cornea during pregnancy. Management required a trimester-specific approach. The case highlights the importance of balancing maternal ocular health with fetal safety. Treatment options span from medical therapy and laser to surgery, each with implications based on gestational age. Preconception counseling, nasolacrimal occlusion, and interdisciplinary follow-up are essential. This poster emphasizes the need for individualized care and the importance of awareness in managing glaucoma during pregnancy.</p>



ABSTRACT NO.	EP56
TITLE	Secondary angle closure induced by hydrochlorothiazide in a patient on immunosuppressants
CHIEF AUTHOR	Dr. Vidya Raja
PRESENTING AUTHOR	Dr. Vidya Raja
CO-AUTHOR(S)	NA
SYNOPSIS	<p>A 43-year-old female presented with painless, progressive defective vision in both eyes for 10 days. She was referred as a case of bilateral primary angle-closure glaucoma (PACG). Examination revealed shallow anterior chambers, occludable angles, and elevated intraocular pressure (IOP). A history of systemic hypertension recently treated with a hydrochlorothiazide-containing antihypertensive combination suggested drug-induced secondary angle closure. Discontinuation of hydrochlorothiazide led to clinical improvement after a week, including normalization of IOP and anterior chamber angles. This case highlights the importance of obtaining a thorough history and considering medication-induced secondary angle closure in atypical presentations of glaucoma</p>



ABSTRACT NO.	EP57
TITLE	Gradatim Descemet's Membrane Detachment following Trab in a Patient with Congenital Ectropion Uveae
CHIEF AUTHOR	Dr. Amit Bidasaria
PRESENTING AUTHOR	Dr. Amit Bidasaria
CO-AUTHOR(S)	Dr. Vidya Wadke
SYNOPSIS	<p>To report a case of gradual DM detachment (DMD) following trab. A 12-year-old female came with OU DOV for 6 months. IOP was 42/28 mmHg in OD/OS with 1AGM. OU Corneal diameter was 13X13mm with stretched limbus and clear cornea. Gonioscopy showed 360° anterior insertion of iris and OU showed advanced glaucomatous optic atrophy. Child underwent OU Trabeculectomy with MMC. In OD, on POD2, small DM scroll was noted temporally. On POD5, DMD extension was noted from 3-8 o'clock sparing the visual axis, inferior corneal edema and IOP 7 mmHg. DMD was stable on POD7 with persistent corneal edema, so patient was given topical sodium chloride 5% 4t/d. On 1 month follow-up, corneal edema resolved with scarring of endothelium at the junction of DM detachment with IOP 7 mmHg. OS underwent prophylactic air bubble injection at the end of trab. OS had small superior DMD which did not extend further. Buphthalmic eyes without Haab's striae are also at risk of DMD post glaucoma filtering surgeries.</p>





ABSTRACT NO.	EP62
TITLE	Acute angle closure: not primary- what could it be? Think outside the eye!
CHIEF AUTHOR	Dr. Shoruba Dinakaran
PRESENTING AUTHOR	Dr. Shoruba Dinakaran
CO-AUTHOR(S)	Dr. Namita Dave
SYNOPSIS	<p><b>Purpose:</b> to report a rare presentation of acute angle closure in a young man to highlight the different causes for angle closure. <b>Methods:</b> a 26 year old gentleman presented to us with complains of sudden onset blurring of vision since a few days following a mild illness. He was evaluated elsewhere where the eye pressure was found to be extremely high and treated for the same. When he presented to us his refractive error was -1.5 DS in BE and his IOP was WNL in BE, but patient said his vision has improved in the last 24 hours. Anterior chamber was shallow and gonioscopy revealed open angles with a narrow entry. UBM-clilio-choroidal effusion with anterior rotation of iris CB complex. Fundus revealed disc edema, hypertensive retinopathy changes. BP was 230/140mmHg. <b>Conclusion:</b> There can be several causes for sudden angle closure attacks which are not primary in nature, Keeping an open mind and evaluating all causes can lead to appropriate diagnosis &amp; treatment.</p>



# GLAUCOMA SKILL TRANSFER PROGRAMME (GSTP)





# FACULTIES - GSTP

GSTP COURSE NAME	FACULTIES
Fundus Photo with Gonio	<p><b>Gonioscopy:</b></p> <p>Dr. Aanchal Rathore  Dr. Ajeet Kumar Dwivedi  Dr. Dilip Lalwani  Dr. Piyush Jansari  Dr. Rayees Ahmad Sofi  Dr. Surajit Chakrabarti  Dr. Talivr Sidhu</p> <p><b>Fundus Photography:</b></p> <p>Dr. Annamalai Odayappan  Dr. Dilip Lalwani  Dr. Divya Rajsrinivas  Dr. Maneesh Singh  Dr. Manish Panday  Dr. Swetha K  Dr. Tirupati Nath</p>
Visual Fields	<p>Dr. Ankur Sinha  Dr. Devindra Sood  Dr. Gowri.J. Murthy  Dr. Manish Panday  Dr. Murali Ariga  Dr. Sachin Dharwadkar  Dr. Sathi Devi AV  Dr. Subashini Kaliaperumal</p>





GSTP COURSE NAME	FACULTIES
OCT	Dr. Dewang Angmo Dr. Digvijay Singh Dr. Geeta Behera Dr. Manish Panday Dr. Roopali Nerlikar Dr. Sachin Dharwadkar Dr. Samta Patel
Yag PI & SLT	Dr. Ajai Agrawal Dr. John Davis Akkara Dr. Pankaj Vendala Dr. Priti Kamdar Dr. Raveendra Tammineni Dr. Sudipta Ghosh Dr. Surajit Chakrabarti
MIGS	Dr. Amit Porwal Dr. Ankur Sinha Dr. Devendra Maheshwari Dr. Mohideen Abdul kader Dr. Pankaj Bendale Dr. Prasanna Venkatesh Ramesh Dr. Shalini Mohan



GSTP COURSE NAME	FACULTIES
Trabeculectomy	<p>Dr. Arijit Mitra  Dr. Chockalingam M  Dr. Debasis Chakrabarti  Dr. Kavitha Srinivasan  Dr. Rakesh Shakya  Dr. Sathian Nagamalai  Dr. Shweta Tripathi  Dr. Vinita Kupta</p>
Glaucoma Drainage Device	<p>Dr. Digvijay Singh  Dr. George Puthuran  Dr. Mona Khurana  Dr. Neethu Mohan  Dr. Prafulla Sarma  Dr. Rashmi Krishnamurthy  Dr. Shefali Parikh  Dr. Sumit Choudhury</p>



## DAY 1 – 12/09/2025

S.NO	GSTP COURSE NAME	SUPPORTED BY	DURATION PER BATCH	NO. OF DELEGATES PER BATCH	TOTAL DELEGATES
1	Fundus Photo with Gonio	<b>Fundus Photo:</b> 1. Biomedix Optotechnik Devices Private Limited <b>Gonio:</b> 1. Appasamy Associates 2. Aurolab	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	10	40
2	Visual Fields	1. Biomedix Optotechnik & Devices Private Limited 2. Carl Zeiss	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	10	40
3	OCT	1. Biomedix Optotechnik & Devices Private Limited 2. Carl Zeiss	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	10	40
4	Yag PI & SLT	Appasamy Associates	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	5	20
5	MIGS	1. Delhi Eye Zone Pvt Ltd 2. Glaukos	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	3	12
6	Trabeculectomy	1. Appasamy Associates 2. Aurolab	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	3	12
7	Glaucoma Drainage Device	1. Delhi Eye Zone Pvt Ltd 2. Aurolab	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	3	12





## DAY 2 – 13/09/2025

S.NO	GSTP COURSE NAME	SUPPORTED BY	DURATION PER BATCH	NO. OF DELEGATES PER BATCH	TOTAL DELEGATES
1	Fundus Photo with Gonio	<b>Fundus Photo:</b> 1. Biomedix Optotechnik Devices Private Limited <b>Gonio:</b> 1. Appasamy Associates 2. Aurolab	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	10	40
2	Visual Fields	1. Biomedix Optotechnik & Devices Private Limited 2. Carl Zeiss	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	10	40
3	OCT	1. Biomedix Optotechnik & Devices Private Limited 2. Carl Zeiss	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	10	40
4	Yag PI & SLT	Appasamy Associates	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	5	20
5	MIGS	1. Delhi Eye Zone Pvt Ltd 2. Glaukos	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	3	12
6	Trabeculectomy	1. Appasamy Associates 2. Aurolab	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	3	12
7	Glaucoma Drainage Device	1. Delhi Eye Zone Pvt Ltd 2. Aurolab	10.00 AM - 11.25 AM 11.30 AM - 01.00 PM 02.00 PM - 03.25 PM 03.30 PM - 05.00 PM	3	12



## DAY 3 – 14/09/2025

S.NO	GSTP COURSE NAME	SUPPORTED BY	DURATION PER BATCH	NO. OF DELEGATES PER BATCH	TOTAL DELEGATES
1	Fundus Photo with Gonio	<b>Fundus Photo:</b> 1. Biomedix Optotechnik Devices Private Limited <b>Gonio:</b> 1. Appasamy Associates 2. Aurolab	09.30 AM - 11.00 AM	10	10
2	Visual Fields	1. Biomedix Optotechnik & Devices Private Limited 2. Carl Zeiss	09.30 AM - 11.00 AM	10	10
3	OCT	1. Biomedix Optotechnik & Devices Private Limited 2. Carl Zeiss	09.30 AM - 11.00 AM	10	10
4	Yag PI & SLT	Appasamy Associates	09.30 AM - 11.00 AM	5	5
5	MIGS	1. Delhi Eye Zone Pvt Ltd 2. Glaukos	09.30 AM - 11.00 AM	3	3
6	Trabeculectomy	1. Appasamy Associates 2. Aurolab	09.30 AM - 11.00 AM	3	3
7	Glaucoma Drainage Device	1. Delhi Eye Zone Pvt Ltd 2. Aurolab	09.30 AM - 11.00 AM	3	3



## CURRENT OFFICE BEARERS



**Dr. Sathyan Parthasarathi**  
President



**Dr. Manish Shah**  
Hony. Gen Secretary



**Dr. Deven Tuli**  
Hony. Treasurer

## EXECUTIVE MEMBERS



**Dr. Vinita Ramnani**  
Central Zone



**Dr. Debasis Chakrabarti**  
East Zone



**Dr. Dewang Angmo**  
North Zone



**Dr. Raveendra Tammineni**  
South Zone



**Dr. Priti Kamdar**  
West Zone





## ORGANIZING COMMITTEE



**Dr. Gajendra Chawla**  
Working chairman



**Dr. Vinita Ramnani**  
Organising secretary



**Dr. Madhulika**  
Joint Secretary



**Dr. Arpita Agrawal**  
Treasurer



**Dr. Samta Patel**  
Joint Treasurer



## TRADE PARTNERS

### SILVER SPONSORS

- » Abbvie
- » J B Pharma
- » Sun Pharmaceuticals

### ANGEL SPONSORS

- » Cipla
- » His Eyeness

### PREMIUM STALLS

- » Alembic
- » Ajanta
- » Aurolab
- » Appasamy
- » Biomedix
- » Caregroup
- » Sunways
- » Zeiss

### TRADE STALLS

- » Alkem
- » Alfaleus Technology
- » Centaur
- » Delhi Eyezone
- » Entod
- » FDC
- » Intas
- » KLB
- » Lupin
- » Microvision
- » Mehra Eyetech
- » Mylan Pharmaceuticals
- » Myhealthscape
- » Mankind
- » Neomedix
- » Sentiss
- » Toshbro
- » Zydus
- » Zivira





## IMPORTANT CONTACT NUMBERS

<b>Organizing Secretary</b>	<b>Dr. Vinita Ramnani</b>	<b>9893091671</b>
<b>Working Chairman</b>	<b>Dr. Gajendra Chawla</b>	<b>9425376207</b>
<b>Joint Secretary</b>	<b>Dr. Madhulika</b>	<b>9971233335</b>
<b>Treasurer</b>	<b>Dr. Arpita Agarwal</b>	<b>9300556170</b>
<b>Joint Treasurer</b>	<b>Dr. Samta Patel</b>	<b>9827302724</b>
<b>Registration Committee Incharge</b>	<b>Dr. Saroj Gupta</b>	<b>9926550364</b>
<b>Hall Incharge</b>	<b>Dr. Vasudha Damle</b>	<b>9827246965</b>
<b>Reception Committee Incharge</b>	<b>Dr. G M Lale</b>	<b>9926334904</b>
<b>Food and tea Incharge</b>	<b>Dr. Paresh Nichlani</b>	<b>8055027321</b>
<b>Accommodation and Transport Incharge</b>	<b>Dr. Rohan Jain</b>	<b>9826440414</b>
<b>Cultural Incharge</b>	<b>Dr. Rashmi Apte</b>	<b>9893222152</b>
<b>Inauguration Incharge</b>	<b>Dr. MadhuChanchalani</b>	<b>9827339350</b>
<b>IT Committee Incharge</b>	<b>Dr. Saba Farooqui</b>	<b>9479314557</b>
<b>Trade Incharge</b>	<b>Dr. Divya Trivedi</b>	<b>7400864160</b>
<b>Wet Lab Incharge</b>	<b>Dr. Aditi Dubey</b>	<b>9340787807</b>
<b>Sightseeing and Shopping Incharge</b>	<b>Dr. Sapna Srivastava</b>	<b>9425608746</b>





***THANK YOU***

