



35th

Annual Conference of Glaucoma Society of India

GLAUCOPAT

2026



2nd, 3rd & 4th October 2026

Gyan Bhawan, Gandhi Maidan, Patna



A Legacy of Vision, A Future of Innovation

Dear Members, Colleagues, and Friends of the GSI,

It is a profound honour to invite you to the **35th Annual Conference of the Glaucoma Society of India (GLAUCOPAT 2026)**, taking place from **October 2nd to 4th, 2026**, at **Gyan Bhawan, Gandhi Maidan, Patna**.

This year's conference carries a deeply personal significance for me, as it marks the culmination of my journey as your President. Leading this extraordinary society has been the greatest privilege of my professional career. Witnessing our evolution—from our inspiring gathering at GLAUCOTAAL 2025 in Bhopal to the growing network we are today—has filled me with immense gratitude. As I prepare to pass the torch to the next line of leadership, my final goal is to make this annual meeting our most impactful academic milestone yet.

The clinical boundaries of our field are shifting faster than ever. As we look ahead, our focus is transitioning toward customized surgical paradigms, early-intervention translational diagnostics, and specialized sustained-release therapeutic delivery systems. To capture these shifts, the GLAUCOPAT 2026 Scientific Committee has engineered an ambitious, forward-looking curriculum:

❖ **VSHack @ Glaucomat 2026 (The AI Hackathon):** Launching India's premier dedicated AI hackathon for ophthalmology in collaboration with Visionary AI, bridging clinicians, engineers, and researchers to design real-world ophthalmic AI solutions.

❖ **Frontier Keynotes & Global Symposia:** Delving into disruptive ophthalmic engineering and late-stage clinical trial findings alongside world-renowned clinical pioneers.





❖ **Technique-Driven Surgical Masterclasses:** Advanced video debates and instruction modules built to reshape your surgical intuition and refine real-world patient outcomes.

❖ **Elite Research Platforms:** Showcasing competitive peer-reviewed abstracts and next-generation papers that champion the rising stars of Indian ophthalmology.

None of this would be possible without the tireless efforts of our Local Organising Committee in Patna. Their unwavering dedication, meticulous planning, and countless hours of hard work behind the scenes have shaped every detail of GLAUCOPAT 2026. On behalf of the entire Society, I extend my heartfelt thanks to each member of the team for their commitment and warm hospitality.

Beyond the intensive clinical programming, Patna—a city steeped in timeless heritage—offers the perfect setting to step away from daily routines, reconnect with old friends, and build collaborative professional alliances.

Your unique perspective, insight, and dedication are what breathe life into the Glaucoma Society of India. I look forward to welcoming you all to Patna this October as we celebrate how far we have come, and collectively step into the future of vision care.

With my highest regards and deepest gratitude,

Dr. Sathyan Parthasarathi

President

Glaucoma Society of India





WELCOME LETTER

Dear Faculty and Delegates,

It gives me immense pleasure to welcome you all to Patna for the **Grand Scientific Fest of GLAUCOPAT 2026.**

We have put together an exciting scientific programme featuring avant-garde sessions, innovative formats and thought-provoking discussions. I hope each one of you will enjoy the academic feast, participate enthusiastically, and return home enriched with new knowledge, ideas and wonderful memories.

The Local Organising Committee has invested tremendous time, energy and dedication in making this conference a grand success. Their efforts deserve a heartfelt salute from all of us. They have also carefully planned a delightful gastronomic experience along with enjoyable fellowship events, ensuring that there is much to look forward to beyond the scientific programme.

I hope you are able to make the most of your time in Patna, enjoy the conference to the fullest, and leave with precious memories that you will cherish for years to come.

With my very best wishes,

Dr Manish Shah

Hon Secretary

Glaucoma Society of India

2024-2026





WELCOME MESSAGE

Dear Esteemed Members and Delegates of the Glaucoma Society of India,

It gives me immense pleasure and a deep sense of pride to extend a warm and heartfelt welcome to you all to the **35th Annual Conference of the Glaucoma Society of India**, being held from 2nd to 4th October 2026 at Gyan Bhawan, Patna.

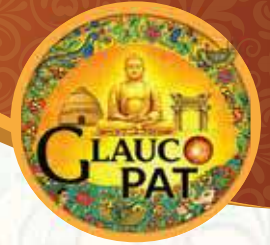
On behalf of the organising committee, I express my sincere gratitude to the **Glaucoma Society of India** for choosing **Patna** as the venue for this prestigious annual scientific gathering. It is a matter of great honour for us to welcome the glaucoma fraternity of India to our city.

Bihar, one of the most populous states in the country, carries a significant burden of glaucoma. We believe that bringing leading glaucoma specialists and ophthalmologists together in Patna will provide an excellent platform for scientific exchange while also helping to **create awareness, encourage early detection and strengthen glaucoma care** in Bihar and the surrounding regions.

I am deeply grateful to the **GSI office bearers—President Dr. P. Sathyan, Secretary Dr. Manish Shah, and Treasurer Dr. Deven Tuli**—for their constant encouragement, guidance and unwavering support. Their cooperation has been invaluable in shaping this conference.

I am equally thankful to our **entire local organising team**, whose members have worked with remarkable unity, dedication and enthusiasm to create a truly memorable conference.





Beyond the scientific programme, we hope you will enjoy the rich history and heritage of Bihar. Patna offers attractions such as Golghar, Takht Sri Patna Sahib, Kumhrar and the Bihar Museum. Delegates may also explore Bodh Gaya, Nalanda and Rajgir, destinations steeped in Buddhist, Jain and ancient Indian history.

It is our sincere endeavour to make the 35th Annual Conference of GSI a memorable blend of scientific excellence, meaningful interaction, friendship and warm Bihari hospitality.

We eagerly look forward to welcoming you all to Patna.

With warm regards and best wishes,

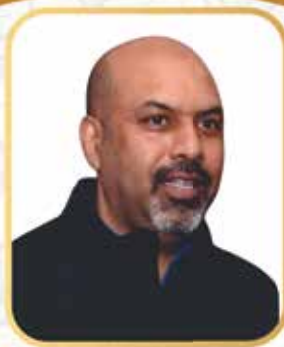
Dr. Subhash Prasad

Organising Chairman

35th Annual Conference of the Glaucoma Society of India

Patna 2nd–4th October 2026





WELCOME LETTER

From the desk of the organizing secretary:

Respected office bearers of the Glaucoma Society of India, distinguished members of the organising committee, eminent Ophthalmologist and glaucoma specialists from across the country, my senior colleagues, dear friends, and our young ophthalmologists and delegates.

A very warm Namaste and heartfelt welcome to Patna and to Glaucomat-2026.

It is indeed a matter of immense pride and privilege for all of us to welcome you to the 35th Annual Conference of the Glaucoma Society of India, here, at the magnificent Gyan Bhawan, Samrat Ashoka convention centre.

Today, Patna is not merely hosting a conference; Patna is hosting knowledge, friendship, science and a shared commitment towards preventing blindness. All our delegates who are travelling from various parts of India—thank you for choosing Patna and most importantly, thank you for being a part of our journey.

Bihar being the Land of Knowledge, where Nalanda and Vikramshila once attracted scholars from across the world where Lord Buddha attained enlightenment at Bodh Gaya. This is also the land of Lord Mahavir, Guru Gobind Singh ji, and of countless thinkers, scholars and reformers. Bihar has always had a deep connection with knowledge, learning and transformation. So unsurprisingly, a scientific conference feels quite natural here.

There is another beautiful connection. Glaucoma is often called the "silent thief of sight" and Bihar has historically been a land where knowledge has helped people see the world differently. So in a small but meaningful way, Glaucomat-2026 will bring those two ideas together.

I hope Glaucomat-2026 will not simply be a conference where we listen. Let it be a conference where we interact. Let it be a conference where we challenge conventional thinking. Let it be a conference where young ophthalmologists find mentors and mentors find novel ideas.





I would also like to acknowledge the tremendous efforts of our Local Organizing Committee led by Dr Pranav Ranjan; Chairman reception committee, Dr Subhash Prasad, Chairman of organizing committee, Dr Ajeet Dwivedi and Treasurer, LOC, Dr .Sony Sinha. Organizing a national academic conference is never the work of one person. It is the collective effort of an entire team—our faculty, organizing committee, scientific team, volunteers, administrative staff, industry partners and countless people working quietly behind the scenes.

The team is incomplete without mentioning the contribution of Dr. Sathyan Parthasarathi, President; Dr Manish Shah, Hony. General Secretary, GSI & Dr Deven Tuli ,Hony.Treasurer, GSI.

To each one of them, I say: This conference is your achievement & our promise to every delegate is simple—We will take care of you academically, professionally, culturally and of course, gastronomically. Today, we have an opportunity to tell a different story of Bihar. The story of a state rediscovering its place on the national and global map. And what better way to showcase that journey than through a conference where ophthalmologists from across India come together in Patna. We want you to leave Bihar with not just new knowledge in glaucoma—but also a new perception of Bihar.

Namaste. Welcome to Bihar. Welcome to Patna. Welcome to Gyan Bhawan. Welcome to Glaucomat-2026.

Thank you. Jai Hind. Jai Bihar.

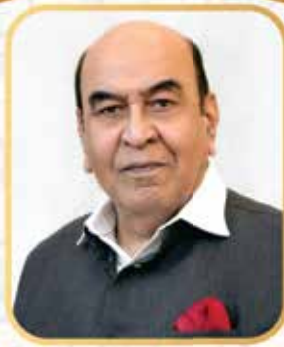
Dr(Prof) Bibhuti P Sinha

Professor & Chief, RIO ,Patna

Deputy Director, IGIMS

Organising secretary, GLAUCOPAT-2026





WELCOME LETTER

From the Governor of Bihar

It gives me immense pleasure to learn that the 35th Annual Conference of the Glaucoma Society of India (GLAUCOPAT 2026) is being held from 2nd to 4th October, 2026 at the Samrat Ashok Convention Centre, Patna. I am also pleased to learn that a souvenir is being brought out on this occasion.

Glaucoma is a major cause of irreversible blindness, and timely diagnosis and treatment are vital for preserving vision. I am confident that the conference will provide a valuable platform for sharing knowledge and advancing glaucoma care.

I extend my warm greetings and felicitations to the organizers and participants and wish the conference every success.

Syed Ata Hasnain

Governor of Bihar





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AWARD WINNERS



Dr. Rhea Bharti

Dr. Sridhar Rao Award

Winner



Dr. Devendra Maheshwari

Free Paper

Winner



Dr. Zia Sultan Pradhan

Free Paper

Runner



Dr. Gowri Pratinya Kolipaka

Free Video

Winner



Dr. Anamika Paul

Free Video

Runner





Dr. Prasanna Venkataraman

Video Talk

Winner



Dr. Sahiti Puttagunta

Video Talk

Runner



Dr. Smita Panda

Photo Talk

Winner



Dr. Madhavi Ramanatha Pillai

Photo Talk

Runner



Dr. Yamini K

Physical Poster Session

Winner



Dr. Megha G

Physical Poster Session

Runner





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 yours 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 – 9256887793
Mrs. Manjula Devi (9256887397).





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 – 9256887793
Mrs. Manjula Devi (9256887397).





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 – 9256887793
Mrs. Manjula Devi (9256887397).





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 – 9256887793
Mrs. Manjula Devi (9256887397).





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 – 9256887793
Mrs. Manjula Devi (9256887397).





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 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 – 9256887793
Mrs. Manjula Devi (9256887397).





FACULTY NAMES

International Faculty

Dr. Alan Robin
Dr. Ramesh Ayyala

National Faculty

Dr. Aanchal Rathore
Dr. Abhijeet A Tagare
Dr. Aditya Agarwal
Dr. Ajai Agrawal
Dr. Ajeet Kumar Dwivedi
Dr. Alokesh Ganguly
Dr. Amit Pandey
Dr. Amit Porwal
Dr. Anil Kumar Mandal
Dr. Ankur Sinha
Dr. Annamalai Odayappan
Dr. Anujeet Paul
Dr. Arpita Agarwal
Dr. Arshi Singh
Dr. Arup Chakrabarti
Dr. Asgar Hussain Nagvi
Dr. Baskaran Mani
Dr. Bhagabat Nayak
Dr. Bibhuti P Sinha
Dr. Bindu S Ajith

Dr. Chandra Sekhar G
Dr. Chandrima Paul
Dr. Chitra Ramamurthy
Dr. Debasis Chakrabarti
Dr. Deven Tuli
Dr. Devendra Maheshwari
Dr. Devindra Sood
Dr. Dewang Angmo
Dr. Digvijay Singh
Dr. Faisal
Dr. Ganesh Venkataraman
Dr. George Puthuran
Dr. Gowri J Murthy
Dr. Gursatinder Singh
Dr. Harsh Kumar
Dr. Jatinder Singh Bhalla
Dr. Jaya Chandra Das
Dr. John Davis Akkara
Dr. Julie Pegu
Dr. Kavitha Srinivasan





FACULTY NAMES

Dr. Kavya Subramanian M. S
Dr. Kiran Gopalakrishnan
Dr. Kirti Singh
Dr. Krishnadas S R
Dr. Lipi Chakrabarty
Dr. Madhavi Ramanatha Pillai
Dr. Madhu Bhaduria
Dr. Maneesh Singh
Dr. Madhuri M B
Dr. Manish Shantilal Shah
Dr. Manju Anup
Dr. Manoj Chandra Mathur
Dr. Mayuri Khamar
Dr. Medha Prabhudesai
Dr. Meena Gopinath Menon
Dr. Meena Nair
Dr. Meenakshi Y Dhar
Dr. Mohideen Abdul Kader
Dr. Mona Khurana
Dr. Monika Arora
Dr. Murali Ariga
Dr. Neethu Mohan
Dr. Neha Midha
Dr. Nidhi Tomar
Dr. Nikhil Choudhari
Dr. Nimrita Gyanchand Nagdev
Dr. Nitika Beri

Dr. Nitin Deshpande
Dr. Paaraj Dave
Dr. Pankaj Bendale
Dr. Parag Sharma
Dr. Parivadhini Annadurai
Dr. Parveen Rewri
Dr. Pranav Ranjan
Dr. Prasanna Venkatesh Ramesh
Dr. Prashant Srivastava
Dr. Prateep Vyas
Dr. Priti Kamdar
Dr. Purvi Bhagat
Dr. Rajul S Parikh
Dr. Ramakrishnan Rengappa
Dr. Ramanjit Sihota
Dr. Rashmi Krishnamurthy
Dr. Rathini David
Dr. Raveendra Tammineni
Dr. Ravi Chandil
Dr. Rayees Ahmad Sofi
Dr. Reena Manchanda Choudhry
Dr. Rengaraj Venkatesh
Dr. Rita Dhamankar
Dr. Ronnie George
Dr. Sachin Dharwadkar
Dr. Sagarika Patyal
Dr. Sangeeta Abrol





FACULTY NAMES

Dr. Sathi Devi A V
Dr. Sathian Nagamalai
Dr. Sathyan Parthasarathi
Dr. Saumendranath Ghose
Dr. Shailesh G M
Dr. Shalini Mohan
Dr. Sharmila R
Dr. Shefali R Parikh
Dr. Shibal Bhartiya
Dr. Shikha Gupta
Dr. Shivam Gupta
Dr. Shweta Tripathi
Dr. Siddharth Dikshit
Dr. Sirisha Senthil
Dr. Subashini Kaliaperumal
Dr. Subhash Prasad
Dr. Sudipta Ghosh
Dr. Sumit Choudhury
Dr. Suneeta Dubey
Dr. Sunil Gupta
Dr. Surajit Chakrabarti

Dr. Suresh Kumar Gupta
Dr. Surinder S Pandav
Dr. Sushma Tejwani
Dr. Sushmita Kaushik
Dr. Swaminathan Sethu
Dr. Swetha K
Dr. Talvir Sidhu
Dr. Tanuj Dada
Dr. Techii Dodum Tara
Dr. Thomas George T
Dr. Tirupati Nath
Dr. Trupti Sudhir Patil
Dr. Tutul Chakravarti
Dr. Varsha G Belamgi
Dr. Vidya Chelerkar
Dr. Vinay Nangia
Dr. Vineet Ratra
Dr. Vinita Gupta
Dr. Vinita Ramnani
Dr. Vivek Gupta
Dr. Zia Sultan Pradhan





Dr. Alan L. Robin

Dr. Alan L. Robin was the first executive vice president of the American Glaucoma Society from 2018-2023. He is a leader in the clinical management and scientific study of glaucoma. Dr. Robin holds joint emeritus Professorships in Ophthalmology and in International Health at the Johns Hopkins University and is also a Professor at the University of Michigan. He has been also a Professor of Ophthalmology in the VA system. He was the co-director of the Glaucoma Service at the Greater Baltimore Medical Center and held an active private practice with offices in the Baltimore and southern Pennsylvania areas. He is currently the medical director of the International Eye Foundation.

Dr. Robin attended Yale University and Tufts University School of Medicine. He completed his glaucoma fellowship at the Wilmer Institute. He was a HEED fellow and a recipient of two NIH RO1 grants as well as an award from the Glaucoma Research foundation. He has been an active clinical investigator in initial studies of widely used glaucoma medications including apraclonidine, latanoprost, brimonidine, brinzolamide, and rho kinase inhibitors. He was the principal investigator and developed Nd:YAG laser iridotomy, responsible for the development of alpha-agonists for clinical use in glaucoma and performed the first modern ophthalmic prevalence study in India. Dr. Robin has published peer-reviewed seminal articles on the use of lasers, drugs, and surgery for glaucoma treatments in addition to manuscripts on cost effectiveness and adherence.





His current research interests include pseudoexfoliation, medical waste, screening and detecting treatable eye diseases, and improving adherence to glaucoma therapies. He is one of the most knowledgeable ophthalmologists on adherence. Dr. Robin has authored or co-authored almost 300 peer-reviewed papers, 24 book chapters, and given well over 100 invited lectures on all continents. He has won many honors and awards during his career, among them the senior honor and Secretariat awards of the AAO, the Outstanding Humanitarian Service award of the AAO and the American Glaucoma Society, Secretariat Award of the AAO, the silver achievement award of the Associate of Ophthalmology and Visual Sciences, and the American Glaucoma Society President's award.

Dr. Robin has made over 100 trips to India and Nepal since the 1980s and worked closely with Dr. Ruit (founder of Tilganga Eye Institute) in Kathmandu and Dr. Venkataswamy (founder of the Aravind Eye Institute). He was instrumental in the development of the Tilganga Eye Center in Kathmandu, Nepal, and published the first paper documenting the value of intraocular lenses in the developing world. At the Aravind Eye Institute he was instrumental in furthering its glaucoma service. He has been an honorary member of both the Indian Glaucoma Society and Nepalese Glaucoma Society.





Dr. Ramesh Ayyala

Dr. Ramesh Ayyala, MD, FRCS, FRCOphth is Professor and Chairman of Ophthalmology and James P. and Heather Gills Chair in Ophthalmology at the University of South Florida, Tampa, FL. At Tulane University, Dr. Ayyala was a tenured professor of ophthalmology, director of the glaucoma service, and has served as both ophthalmology residency director and director of the glaucoma/anterior segment fellowship program. He graduated from Gandhi Medical College, Osmania University in Hyderabad and completed residency training in ophthalmology at Mersey Region Hospitals, United Kingdom (UK), and at USF, Tampa, FL. He completed a fellowship in glaucoma surgery at Massachusetts Eye and Ear infirmary, Harvard Medical School, Boston, MA, and another in cornea and external diseases at Boston University Medical Center, Boston, MA. Dr. Ayyala is board certified in 3 continents (India, UK and USA), fellow of the Royal College of Ophthalmology (Lon) and the Royal College of Surgeons (Edinburgh), and a Fellow of the American Academy of Ophthalmology. He served as the past president of the Louisiana Academy of Eye Physicians and Surgeons. He was recognized by the Academic Achievement Award (2013) and the Secretariat Award (2014) by the Board of Trustees, American Academy of Ophthalmology. He is listed among Castle Connolly Top Doctor, Best Doctors in America, Best Doctors in New Orleans and Tampa and America's Top Ophthalmologist.

Dr. Ayyala is dedicated to educating the next generation of ophthalmologists. The ACGME recognized his work by awarding him the Courage to Teach Parker J. Palmer award. His innovative teaching style is recognized by both the residents (Outstanding Mentor award), Tulane Medical students (AOA induction) and Tulane University (Tulane Medical School Teaching Scholar award). He's created an online board review course and an online teaching tool called MediTred. His passion for education also





lead to the establishment of Anand Eye Institute (AEI), a tertiary care Eye Hospital in Hyderabad, India

Dr. Ayyala is a tireless crusader for providing access to quality care to the indigent population. He organized the Glaucoma Awareness Program, providing screenings in the African American Community Churches in the Greater New Orleans Area. Following Hurricane Katrina, he established an Eye Screening Program in Louisiana's Plaquemines Parish where he conducted eye camps three times a year for 13 years. Through the Community Ophthalmology Outreach Program of Anand Eye Institute and the Savera Anand Foundation (based in Hyderabad, India), his organization conducted eye camps designed to screen under privileged populations. In 2015, Anand Eye Institute was recognized as the best eye hospital for its care of the indigent. He was recognized by the American Glaucoma Society with the Humanitarian Award in 2019.

In his role as President of the Louisiana Academy of Eye Physicians and Surgeons, he was able to introduce and pass (Act 206 or Refill bill, 2016) that allows patients to obtain a supply of medications by the insurance companies at no extra cost to patients when they run out of drops before the end of the month.

Dr Ayyala has pioneered translational research involving slow release drug delivery systems resulting in biotechnology start-up companies (ElutiMed INC, ElutiSpray LLC and GlauHome LLC).





VENUE LAYOUT



Help Lines

Dr Pranav Ranjan	9334315416	Police	112
Dr Subhash Prasad	9431209747	Women Helpline	1091
Dr Bibhuti P Sinha	9470017777	Fire	101
Dr Ajeet Kr Dwivedi	9934104936	Ambulance	108
Dr Sony Sinha	9835095863	Bihar Tourism	0612-2217045

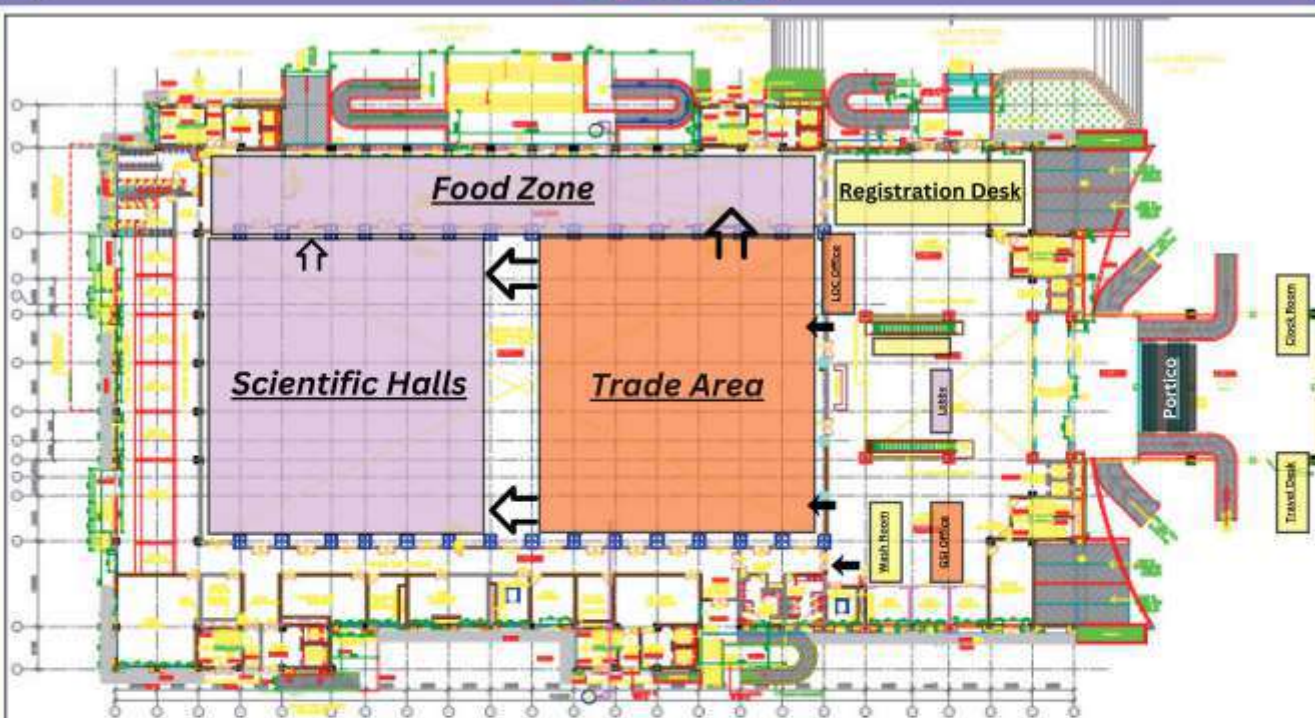
Shuttle Service





VENUE LAYOUT

Layout Map



FOR THE DETAIL OF DOORS, WINDOW & STR. GLAZING REF.
DRAWING NO. INCCP-DDF-B01-ARC-DTL-1150, 1150A &
INCCP-DDF-B01-ARC-DTL-1159

PROJECT NAME: INTERNATIONAL CONVENTION CENTRE (ICC) - 1150 PROJECT LOCATION: INTERNATIONAL CONVENTION CENTRE (ICC) - 1150 PROJECT OWNER: INTERNATIONAL CONVENTION CENTRE (ICC) - 1150 PROJECT ARCHITECT: INTERNATIONAL CONVENTION CENTRE (ICC) - 1150 PROJECT ENGINEER: INTERNATIONAL CONVENTION CENTRE (ICC) - 1150 PROJECT CONTRACTOR: INTERNATIONAL CONVENTION CENTRE (ICC) - 1150	PROJECT NO. 1150 PROJECT DATE: 11/11/2011 PROJECT STATUS: 11/11/2011 PROJECT TYPE: 11/11/2011 PROJECT AREA: 11/11/2011 PROJECT VOLUME: 11/11/2011 PROJECT DESCRIPTION: 11/11/2011	PROJECT NO. 1150 PROJECT DATE: 11/11/2011 PROJECT STATUS: 11/11/2011 PROJECT TYPE: 11/11/2011 PROJECT AREA: 11/11/2011 PROJECT VOLUME: 11/11/2011 PROJECT DESCRIPTION: 11/11/2011	PROJECT NO. 1150 PROJECT DATE: 11/11/2011 PROJECT STATUS: 11/11/2011 PROJECT TYPE: 11/11/2011 PROJECT AREA: 11/11/2011 PROJECT VOLUME: 11/11/2011 PROJECT DESCRIPTION: 11/11/2011	PROJECT NO. 1150 PROJECT DATE: 11/11/2011 PROJECT STATUS: 11/11/2011 PROJECT TYPE: 11/11/2011 PROJECT AREA: 11/11/2011 PROJECT VOLUME: 11/11/2011 PROJECT DESCRIPTION: 11/11/2011	PROJECT NO. 1150 PROJECT DATE: 11/11/2011 PROJECT STATUS: 11/11/2011 PROJECT TYPE: 11/11/2011 PROJECT AREA: 11/11/2011 PROJECT VOLUME: 11/11/2011 PROJECT DESCRIPTION: 11/11/2011
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- Scientific Halls, Food Zone & Lobby
- Trade Area, GSI Office & LOC Office
- Registration Desk, Wash Room, Wet Lab Area, Travel Desk & Clock Room

Portico





Pre Conference Day

**Annual GSI Executive Committee Meeting
(Physical)**

on Thursday, October 1, 2026,

@ 7:30 pm

**in Nalanda Hall, Hotel Maurya,
Gandhi Maidan, Patna.**





PROGRAMME MATRIX

**AI session
(VSHack Finals)**

**Hall D and
Physical Poster**

Instruction Courses

Symposiums

VAST

**Inauguration
Advisory Board Meeting
Faculty Dinner
General Body Meeting
Vividha Evening
Valedictory**

Quiz





PROGRAMME MATRIX

DAY 1 - 2nd October, 2026 (Friday)

Session Timings	HALL A	HALL B	HALL C	Session Timings	HALL D
09:00 - 10:30	Clinical Evaluation of the Optic Disc	IOP Insights: Measurement, Mechanics, and Progression Drivers in Glaucoma	Gonioscopy Unlocked: Fundamentals, Pitfalls, and Clinical Frontiers	09:30 - 10:30	Free Paper Session 1
10:31 - 10:45	BREAK			10:31 - 10:45	BREAK
10:46 - 11:45	RNFL in Focus: Spotting the Earliest Signals of Glaucoma	Comprehensive Understanding of Humphrey Perimetry in Glaucoma	OCT Essentials in Glaucoma: Anatomy, Accuracy, and Interpretation	10:46 - 11:45	Free Video Session 1
11:46 - 12:45	Beyond OCT: Accessory Imaging & Functional Tools in Glaucoma	Glaucoma Perimetry: Basics, Progression & Innovations	OCT A -the way forward	11:46 - 12:45	Photo Talk Session 1
12:46 - 13:45	LUNCH			12:46 - 13:45	LUNCH
13:46 - 14:45	Beyond the Threshold: Rethinking Target IOP for Every Patient	Genes and Drops: Precision Pharmacotherapy in Glaucoma	Glaucoma Suspects: Spotting Risk Before Damage	13:46 - 14:45	Video Talk Session
14:46 - 16:15	VAST I	Translating Evidence into Everyday Practice	Glaucoma Medical Records, Audit & Insurance: Building Accountability in Care	14:46 - 16:15	Rapid Fire Session 1
16:16 - 17:30	VSHack Finals				
17:31 - 18:00	Physical Poster Session 1				
18:01 - 19:00	Inauguration				
19:01 - 20:00	Advisory Board Meeting				
19:31 - 21:30	Faculty Dinner				



PROGRAMME MATRIX

DAY 2 - 3rd October, 2026 (Saturday)

Session Timings	HALL A	HALL B	HALL C	Session Timings	HALL D
08:30 - 09:00	PHYSICAL POSTER(S) II				
08:30 - 10:00	Mapping Decline: Clinical and Technological Advances in Glaucoma Progression	Glaucoma Biomarkers	Pharmacotherapy in Glaucoma: Evolving Strategies for Patient Care	08:30 - 09:00	Rapid Fire Session 2
				09:00 - 10:00	Free Video Session 2
10:01 - 10:30	Crazy Anterior Segment surgeries in the setting of Glaucoma				
10:31 - 10:45	BREAK			10:31 - 10:45	BREAK
10:46 - 12:15	The Masterclass			10:46 - 11:45	Free Paper Session 2
12:16 - 13:15	Normal Tension Glaucoma: Beyond Pressure	Partnered Clinical Insights	"Glaucoma Surgery Success: Preoperative Mastery to Perfect Trabeculectomy"	11:46 - 12:45	Free Paper Session 3
13:16 - 14:00	LUNCH			13:16 - 14:00	LUNCH
14:01 - 15:30	VAST II	Advances in Childhood Glaucoma: Diagnosis, Imaging, Genetics and Surgery	Beyond the Clinic: Quality of Life & Patient Perspectives	13:31 - 14:30	Free Video Session 3
				14:31 - 15:30	Dr. B. Sridhar Rao Award Session
15:31 - 16:30	Beyond Single Metrics: The Power of Multimodal Glaucoma Assessment	Major Glaucoma Clinical Trials: Evidence into Practice	Glaucoma Treatment in Special Clinical Situations: Tailored Management Approach	15:31 - 16:30	Photo Talk Session 2
16:31 - 17:45	Quiz				
18:00 - 18:45	General Body Meeting (GBM)				
19:15 - 22:00	Vividha Evening Interactive Session				





PROGRAMME MATRIX

DAY 3 - 4th October, 2026 (Sunday)

Session Timings	HALL A	HALL B	HALL C	Session Timings	HALL D
08:30 - 09:30	Tubes in Glaucoma: Design, Decisions & Outcomes	Myths, Facts, and the Future of Neuroprotection, Neurorecovery and IOP-Independent Factors	Boons And Banes Of Artificial Intelligence In Glaucoma	08:30 - 09:30	Free Paper Finals
09:31 - 10:30	Alcon Symposium	YOSI Glaucoma Brigade: Leading the Future of Glaucoma Care	Dreaded Complications of Glaucoma Surgeries: Prevention and Management Strategies	09:31 - 10:30	Free Video Finals
10:31 - 10:45	BREAK			10:31 - 10:45	BREAK
10:46 - 11:45	Troubleshooting MIGS: A Practical DIY Guide for Beginners	Thrive, Don't Just Survive: A Blueprint for the Modern Glaucoma Fellowship	Glaucoma Crossfire: Debating Diagnostics, Drops, and Devices	10:46 - 11:45	Rapid Fire Session 3
11:46 - 12:45	Secondary Childhood Glaucoma - Current Practice	"Grey Zones in Glaucoma: Practical Decision-Making in Everyday Clinics"	Ocular surface disease and Glaucoma- understanding and tackling the dual conundrum.	11:46 - 12:45	Rapid Fire Session 4
12:46 - 13:30	Valedictory				
13:45 - 14:45	LUNCH			13:45 - 14:45	LUNCH



DAY 1 - 2nd October 2026



Clinical Evaluation of the Optic Disc

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall A

Timings 09:00 AM - 10:30 AM

PANELISTS

Dr. Devindra Sood
Dr. Priti Kamdar
Dr. Vidya Chelerkar

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Quiz, Course Introduction & My way of looking at the optic disc	20 Minutes	Dr. Devindra Sood
2	Importance of Disc size & Shape	05 Minutes	Dr. Ajai Agrawal
3	Importance of Cup Disc Ratio to Disc size	05 Minutes	Dr. Bhagabat Nayak
4	Importance of neural rim thickness & RNFL	05 Minutes	Dr. Arpita Agarwal
5	Assisted reading of the Optic Disc	18 Minutes	03 Volunteers
6	Assessing Progression with clinical photography of the disc	07 Minutes	Dr. Swetha K
7	Congenital anomalies of the optic disc	07 Minutes	Dr. Tirupati Nath
8	Myopic Fundus and Glaucoma	07 Minutes	Dr. Jatinder Singh Bhalla
9	Quiz answers and discussion	13 Minutes	
10	Conclusion	03 Minutes	





IOP Insights: Measurement, Mechanics, and Progression Drivers in Glaucoma



Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall B

Timings 09:00 AM - 10:30 AM

PANELISTS

Dr. Vinay Nangia

Dr. Ganesh Venkataraman

Dr. Sunil Gupta

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Tools of Precision: Choosing the Right IOP Measurement Method" - Comparative insights into Goldmann applanation, rebound tonometry, dynamic contour tonometry, and emerging devices	09 Minutes	Dr. Talvir Sidhu
2	"Measuring IOP the Right Way: Technique Matters" - Best practices for accurate readings, patient positioning, and calibration	09 Minutes	Dr. Parag Sharma
3	"Unmasking Diurnal Spikes: Pre- and Post-Treatment Monitoring" - Understanding daily fluctuations and their impact on progression	09 Minutes	Dr. Julie Pegu
4	"DVT, Nocturnal IOP & Provocative Testing: The Water Drinking Test Revisited" - Clinical relevance of DVT, nighttime IOP and provocative stress tests	09 Minutes	Dr. Amit Pandey
5	"Biomechanics in Focus: Corneal Hysteresis and Glaucoma Risk" - How corneal properties influence IOP interpretation and disease progression	09 Minutes	Dr. Subashini Kaliaperumal





S.No	Topics	Duration (In Minutes)	Faculty Name
6	"Hidden Pressures: Ocular Perfusion & Episcleral Venous Pressure" - Vascular and venous contributions to IOP beyond corneal readings	09 Minutes	Dr. Aditya Agarwal
7	"Lifestyle and IOP: Triggers That Matter" - Systemic factors, daily habits, and their role in IOP variability	09 Minutes	Dr. Sagarika Patyal
8	"Fluctuation vs. Mean IOP: The True Driver of Progression" - Evidence-based discussion on which parameter best predicts glaucomatous damage	09 Minutes	Dr. Ajeet Kumar Dwivedi
9	Discussion, Session Group Photo & Change Over Time	18 Minutes	





Gonioscopy Unlocked: Fundamentals, Pitfalls, and Clinical Frontiers

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall C

Timings 09:00 AM - 10:30 AM

PANELISTS

Dr. Jaya Chandra Das

Dr. Arup Chakrabarti

Dr. Sathian Nagamalai

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Dynamic Gonioscopy & Angle Grading: Differentiating Closure and Documenting Angles - Indentation gonioscopy separates appositional from synechial closure, while grading systems like Shaffer, Spaeth, and Becker aid angle documentation but have reproducibility pitfalls	09 Minutes	Dr. Dewang Angmo
2	Landmarks & Pigmentation in Gonioscopy: Avoiding Diagnostic Traps - Accurate recognition of Schwalbe's line, scleral spur, and trabecular pigmentation, while distinguishing the Sampaolesi line from changes seen in exfoliation syndrome and pigmentary glaucoma	09 Minutes	Dr. Vineet Ratra
3	Plateau Iris Syndrome: Identifying the distinct gonioscopic double-hump sign after a patent iridotomy	09 Minutes	Dr. Trupti Sudhir Patil
4	Hyperopic Crowding & Nanophthalmos: Navigating the extremely narrow anterior chambers of highly hyperopic eyes	09 Minutes	Dr. Sharmila R
5	Gonioscopy vs. Anterior Segment OCT: Resolving discrepancies when the physical exam and AS-OCT imaging disagree	09 Minutes	Dr. Chitra Ramamurthy





S.No	Topics	Duration (In Minutes)	Faculty Name
6	Automated Gonioscopy: Evaluating the clinical utility of 360-degree automated angle photography systems	09 Minutes	Dr. Mona Khurana
7	Pre-Operative Angle Mapping for MIGS: Utilizing gonioscopy to identify ideal structural landmarks for micro-invasive glaucoma surgeries	09 Minutes	Dr. Ankur Sinha
8	Neovascular & Inflammatory Angles: Spotting early neovascularization of the angle (NVA) and peripheral anterior synechiae (PAS) in secondary glaucomas	09 Minutes	Dr. Surinder S Pandav
9	Discussion, Session Group Photo & Change over time	18 Minutes	





Free Paper Session 1



Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall D

Timings 09:30 AM - 10:30 AM

JUDGES

Dr. Vinita GUPTA

Dr. Abhijeet A Tagare

Dr. Gursatindar Singh

Abs. No	Title	Duration (In Minutes)	Presenting Author
FP3	Demographic profile, clinical spectrum, and severity of secondary glaucoma at a tertiary care center	06 Minutes	Dr. Saroj Gupta
FP18	Barriers to follow-up and utilization of vision centers in patients with open-angle glaucoma	06 Minutes	Dr. Annamalai Odayappan
FP23	Ahmed Implants Compared: Does Clear Path Outperform the Valve at One Year?	06 Minutes	Dr. Avik Roy
FP28	Two year outcomes of 5-0 prolene suture GATT with phaco in Primary Angle Closure Glaucoma	06 Minutes	Dr. Madhavi Ramanatha Pillai
FP41	"Small Tube, Big Impact: Early Clinical Experience with ACP ST 250"	06 Minutes	Dr. Vardhineedi Satya Amrita
FP47	Intervention and Outcomes following Aqueous misdirection: A Retrospective Analysis	06 Minutes	Dr. Usha Tejaswini S
FP48	Selective Laser Therapy for Cyclodialysis Cleft Repair: Novel role of Double Frequency Nd:YAG Laser	06 Minutes	Dr. Akanksha Sharma
FP54	Impact of topical steroids on conjunctival histopathological profile and trabeculectomy outcomes	06 Minutes	Dr. Kirti Singh



Break - 10.31 AM To 10.45 AM

ਤਰੀ ਪ੍ਰਕਾਸ਼ ਗੁਰਮਤਿ ਤੇ ਪਟਨਾ ਸ਼ਹਿਰ ਵਿਖੇ ਭਵ ਲਏ



RNFL in Focus: Spotting the Earliest Signals of Glaucoma



Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall A

Timings 10:46 AM - 11:45 AM

PANELISTS

Dr. Krishnadas S R
Dr. Pankaj Bendale
Dr. Ramesh Ayyala

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"RNFL Anatomy & Early Damage: The First Frontier" Understanding the structural basis of RNFL thinning as the earliest glaucomatous change	09 Minutes	Dr. Asgar Hussain Nagvi
2	"Photography Meets Progression: Detecting RNFL Defects" Spotting wedge shaped vs. diffuse RNFL loss and using flicker chronoscopy for subtle changes	09 Minutes	Dr. Rita Dhamankar
2 3	"OCT RNFL Thickness Maps: Event vs. Trend Analysis" Guided Progression Analysis, slope monitoring, and distinguishing true loss from normal aging	09 Minutes	Dr. Bindu S Ajith
3 4	"Macular GCC vs. RNFL: When the Floor Drops Out" Tracking macular ganglion cell complex thinning once RNFL reaches its measurement floor effect	09 Minutes	Dr. Surajit Chakrabarti
4 5	"RNFL Structure-Function Relationship: Bridging Fundus Photo, OCT and Visual Fields" - Case based Correlations	12 Minutes	Dr. Sathyan Parthasarathi
6	Discussion, Group Photo & Change over Time	12 Minutes	





Comprehensive Understanding of Humphrey Perimetry in Glaucoma

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall B

Timings 10:46 AM - 11:45 AM

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Understanding of Single Field Analysis Printout	07 Minutes	Dr. Ankur Sinha
2	Identifying Common Artefacts and Improving the Accuracy of Testing	07 Minutes	Dr. Vidya Chelerkar
3	Understanding Point-Pattern-Based Analysis of Visual Fields and the Indication of 10-2 Testing	09 Minutes	Dr. Tutul Chakravarti
4	Interpretation of Visual Fields According to Stage of Glaucoma	10 Minutes	Dr. Ramchandra Reddy
5	Identifying Glaucoma Progression on Visual Fields	07 Minutes	Dr. Ramchandra Reddy
6	Panel Discussion	15 Minutes	





OCT Essentials in Glaucoma: Anatomy, Accuracy and Interpretation

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall C

Timings 10:46 AM - 11:45 AM

PANELISTS

Dr. Dewang Angmo
Dr. Purvi Bhagat
Dr. Subhash Prasad

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Core Anatomy & Metrics - TSNIT Curve, BMO-MRW fundamentals, and macular ganglion cell analysis as the structural backbone of OCT interpretation	09 Minutes	Dr. Reena Manchanda Choudhry
2	Printout Pitfalls - Red disease vs. green disease, floor effect in advanced glaucoma, and anatomy-related artifacts (myopia, tilted discs)	09 Minutes	Dr. Pranav Ranjan
3	Scan Quality Control - Signal strength issues from media opacities and segmentation line failures that can distort RNFL readings	09 Minutes	Dr. Bibhuti P Sinha
4	Clinical Interpretation Strategies - Your Printout, Direct Software Integration into your desktop and Guided Progression Analysis (GPA) - distinguishing true progression from statistical noise	09 Minutes	Dr. Monika Arora
5	Inter-Eye Comparisons - Using asymmetry matrices between eyes as an early diagnostic indicator of glaucomatous damage	09 Minutes	Dr. Neethu Mohan
6	Discussion, Session Group Photo & Change over time	15 Minutes	





Free Video Session 1

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall D

Timings 10:46 AM - 11:45 AM

JUDGES

Dr. DILIP LALWANI

Dr. Shikha Gupta

Prof. Meenakshi Y Dhar

Abs. No	Title	Duration (In Minutes)	Presenting Author
VT3	Improved Surgical Technique for New Born Glaucoma with Axenfeld-Rieger Anomaly	06 Minutes	Dr. Anil Kumar Mandal
VT4	Managing recurrent tube exposure post AGV :a tale of hopes and despair	06 Minutes	Dr. Swati Singh
VT7	GATT as a rescue for failed trabeculectomy	06 Minutes	Dr. Prasanna Venkataraman
VT10	From Bleed to Control: Intracameral Endodiathermy as a Haemostatic Rescue in BANG Surgery	06 Minutes	Dr. Preethy modepalli
VT14	SMALL SIZE BIG EFFECT: Managing a rare secondary glaucoma with AADI 250	06 Minutes	Dr. Saumendranath Ghose
VT18	Train the Angle: A Reusable 3D-Printed Gonioscopy Simulator	06 Minutes	Dr. Sharmila R
VT19	Micro change, Macro Impact	06 Minutes	Dr. Devendra Maheshwari
VT20	When Trabeculectomy Gets Complicated: Lessons from a High Myopic Eye	06 Minutes	Dr. Aditya Sharma
VT26	The "Oops" moments in MIGS -Small Misses, Big Lessons	06 Minutes	Dr. Madhavi Ramanatha Pillai





Beyond OCT: Accessory Imaging & Functional Tools in Glaucoma

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall A

Timings 11:46 AM - 12:45 PM

PANELISTS

Dr. Bindu S Ajith

Dr. Madhu Bhadauria

Dr. Manoj Mathur

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Length Matters: A Scan Biometry in Glaucoma" Axial length measurement for risk profiling, angle closure prediction, and surgical planning	09 Minutes	Dr. Rayees Sofi
2	"Hidden Angles Revealed: Ultrasound Biomicroscopy (UBM)" High resolution visualization of ciliary body, iris configuration, and plateau iris in angle closure	09 Minutes	Dr. Meenakshi Y Dhar
3	"Non Contact Precision: Anterior Segment OCT (AS OCT)" Quantifying angle width, iridotrabecular contact, and monitoring surgical outcomes	09 Minutes	Dr. Nitika Beri
4	"Beyond Fields: Electroretinography (ERG) in Glaucoma" Functional biomarkers of retinal ganglion cell dysfunction, complementing visual field testing	09 Minutes	Dr. John Davis Akkara
5	"Future Frontiers: AI & Accessory Diagnostics" Machine learning applications in A scan, OCT, and ERG for predictive glaucoma care	09 Minutes	Dr. Debasis Chakrabarti
6	Discussion, Group Photo & Change over Time	15 Minutes	





Glaucoma Perimetry: Basics, Progression & Innovations

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall B

Timings 11:46 AM - 12:45 PM

PANELISTS

Dr. Murali Ariga

Dr. Sachin Dharwadkar

Dr. Sathian Nagamalai

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Mastering Octopus Perimetry: Basics to Clinical Confidence - Octopus-specific features (TOP, Dynamic, Normal strategies), Test selection (G, M, 30-2 equivalents)	07 Minutes	Dr. Sathian Nagamalai
2	Reading the Printouts	13 Minutes	Dr. Murali Ariga
3	Glaucoma Progression Analysis on Octopus: Beyond Single Fields	12 Minutes	Dr. Sachin Dharwadkar
4	Virtual Perimetry: Portable & Home Based Monitoring - The role of VR based perimetry and digital platforms in expanding access and patient compliance	08 Minutes	Dr. Parveen Rewri
5	Case Discussion	20 Minutes	





OCT A - The way forward

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall C

Timings 11:46 AM - 12:45 PM

Chair Person

Dr. Ramanjit Sihota

Co-Chair Person

Dr. Jasleen Dhillon

Moderator

Dr. Kusum

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Vascular pathology in glaucoma	08 Minutes	Dr. Kusum
2	OCT A in pre perimetric and early glaucoma	08 Minutes	Dr. Jasleen Dhillon
3	OCT A in assessing progression	08 Minutes	Dr. Priyasha Goel
4	OCT A in evaluation of therapy	08 Minutes	Dr. Ramanjit Sihota
5	Limitations of OCT A	08 Minutes	Dr. Samiksha Choudhary
6	Panel Discussion	15 Minutes	





Photo Talk Session 1

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall D

Timings 11:46 AM - 12:45 PM

JUDGES

Dr. Ajai Agrawal

Dr. Ankur Sinha

Dr. Neethu Mohan

Abs. No	Title	Duration (In Minutes)	Presenting Author
PT1	Comet Shower: A Striking Pattern of Keratic Precipitates After Laser	03 Minutes	Dr. Anchal Gera
PT2	Netarsudil-Linked Epi-Scleral Aneurysms in Glaucoma	03 Minutes	Dr. Anchal Gera
PT3	"An Uncommon Case of Incomplete Aniridia with Preserved Iris Tissue"	03 Minutes	Dr. Prerna Garg
PT4	TOXIC OPTIC NEUROPATHY 'A GLAUCOMA MIMICKER'	03 Minutes	Dr. Meera Nasrin M
PT7	Treat the pressure unfold the macula	03 Minutes	Dr. Malleswari Medikonda
PT9	UrretsZavalía syndrome	03 Minutes	Dr. Alka Pandey
PT10	Sailing Through A Corneal Crisis In Primary Congenital Glaucoma"	03 Minutes	Dr. Rashmi Chandra
PT11	Hanging by a thread	03 Minutes	Dr. Gazella Bruce Warjri
Pt12	Laser Membranectomy in Uveitic Pupillary Block Glaucoma	03 Minutes	Dr. Rashmi Chandra
Pt13	"Haptic Chaos to Gonioscopic Glory: Fixing Post-Cataract surgery Pigmentary Glaucoma"	03 Minutes	Dr. Kunj Shailesh Naik





Abs. No	Title	Duration (In Minutes)	Presenting Author
PT14	When Neglect distorts anatomy; Pseudo-Coloboma in neglected Primary Congenital Glaucoma	03 Minutes	Dr. Techii Dodum Tara
PT16	Where the IOL Leaves its Imprint: An Important Clue to Aqueous Misdirection	03 Minutes	Dr. Sushma Tulava
PT17	Block Behind the Haze: An Enlarging Retinopathy of Prematurity Eye Treated with Surgical Iridectomy	03 Minutes	Dr. Sushma Tulava
PT18	Radial Reverie: The Signature of Pseudoexfoliation Syndrome on IOL	03 Minutes	Dr. Sharmila R
PT19	"Axially Myopic, Angles Closed: A Developmental Paradox in Persistent Pupillary Membrane"	03 Minutes	Dr. Sharmila R
PT20	SKYSHOT IN THE EYE	03 Minutes	Dr. Nidhi Tomar
PT21	Unilateral Ocular Enlargement with Proptosis: A Rare Presentation of Congenital Glaucoma.	03 Minutes	Dr. Bhawesh Chandra Saha
PT22	"A Lens Too Round: The Story of Microspherophakia"	03 Minutes	Dr. Sejal Singla





Lunch - 12.46 PM To 01.45 PM



Beyond the Threshold: Rethinking Target IOP for Every Patient

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall A

Timings 01:46 PM - 02:45 PM

PANELISTS

Dr. Murali Ariga

Dr. Nikhil Choudhari

Dr. Priti Kamdar

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Defining Target IOP in Different Glaucoma Subtypes - How target IOP varies between primary open-angle glaucoma, normal-tension glaucoma, and angle-closure glaucoma	09 Minutes	Dr. Pankaj Bendale
2	Target IOP and Disease Progression - Evidence-based thresholds for slowing progression, and whether lower is always better	09 Minutes	Dr. Rajul S Parikh
3	Personalized Target IOP: Risk Factor-Based Approach - Incorporating age, baseline IOP, corneal thickness, vascular factors, and family history into individualized target setting	09 Minutes	Dr. Devendra Maheshwari
4	Target IOP in Advanced vs. Early Glaucoma - Balancing aggressive lowering in advanced disease with quality of life and treatment burden in early stages	09 Minutes	Dr. Chandra Sekhar G
5	Role of New Therapies in Achieving Target IOP - How sustained-release drugs, minimally invasive glaucoma surgery (MIGS), and laser therapies redefine achievable targets	09 Minutes	Dr. Lipi Chakrabarty
6	Discussion, Group Photo & Change over Time	15 Minutes	





Genes and Drops: Precision Pharmacotherapy in Glaucoma

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall B

Timings 01:46 PM - 02:45 PM

PANELISTS

Dr. Kirti Singh
Dr. Raveendra Tammineni
Dr. Tanuj Dada

S.No	Topics	Duration (In Minutes)	Faculty Name
1	The Non-Responder Challenge - Managing the 15-30% of patients who fail first-line drops due to genetic resistance	09 Minutes	Dr. Tutul Chakravarti
2	Genetics of Adverse Drug Reactions - CYP2D6 poor metabolizers and timolol safety risks; glucocorticoid receptor variants in steroid responders; markers for prostaglandin-induced orbitopathy	09 Minutes	Dr. Thomas George T
3	Genetic Predictors of Drug Response - PTGFR polymorphisms (prostaglandin non-response), ADRB1/ADRB2 (beta-blocker efficacy), ARHGEF12 (Rho-kinase pathway), and CAII/CAIV (CAI resistance)	09 Minutes	Dr. Rashmi Krishnamurthy
4	Polygenic Risk Scores (PRS) and Precision Medicine - Combining drug-response markers with baseline glaucoma risk to predict progression and intervention needs	09 Minutes	Dr. Zia Sultan Pradhan
5	Clinical Implementation of Genetic Testing - In-office genetic panels, cost-benefit considerations, and barriers to adoption in routine practice	09 Minutes	Dr. Rathini David
6	Discussion, Group Photo & Change over Time	15 Minutes	



Glaucoma Suspects: Spotting Risk Before Damage

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall C

Timings 01:46 PM - 02:45 PM

PANELISTS

Dr. Harsh Kumar

Dr. Kavitha Srinivasan

Dr. Vineet Ratra

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Defining the Glaucoma Suspect: Who's at Risk? Elevated IOP, suspicious optic discs, abnormal visual fields, or strong family history - setting the baseline criteria	09 Minutes	Dr. Jaya Chandra Das
2	Optic Disc & RNFL Red Flags: Reading the Silent Signals Neuroretinal rim thinning, disc hemorrhages, cup to disc asymmetry, and early RNFL defects that whisper progression	09 Minutes	Dr. Sangeeta Abrol
3	Visual Field Testing in Suspects: Catching Subtle Shadows Managing baseline variability, identifying early scotomas, and the importance of repeat confirmation	09 Minutes	Dr. Sumit Choudhury
4	Risk Factors & Predictors of Conversion: The Tipping Point Age, race, corneal thickness, axial length, vascular factors, and family history that push suspects toward glaucoma	09 Minutes	Dr. Baskaran Mani
5	Monitoring vs. Treating the Suspect: Balancing Watchful Waiting When to observe, when to intervene, and tailoring follow up intervals for high risk patients	09 Minutes	Dr. Julie Pegu
6	Discussion, Group Photo & Change over Time - 15 Minutes	15 Minutes	



Video Talk Session

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall D

Timings 01:46 PM - 02:45 PM

JUDGES

Dr. Bindu S Ajith
Dr. Shailesh Gadaginamath
Dr. Shibal Bhartiya

Abs. No	Title	Duration (In Minutes)	Presenting Author
VTK1	Spotting Schwalbe's Line: An Intraoperative View in Axenfeld-Rieger Anomaly	03 Minutes	Dr. Anil Kumar Mandal
VTK2	When Air Fails: Viscopartition Saves Descemetopexy	03 Minutes	Dr. Malleswari Medikonda
VTK4	Ripcord in glaucoma drainage devices: Simplified	03 Minutes	Dr. Prasanna Venkataraman
VTK5	Yet another woe - Ultra rapid fibro vascular growth over AGV tube	03 Minutes	Dr. MANDABI SENGUPTA
VTK6	Tube extender in a retracted AGV tube post penetrating keratoplasty glaucoma	03 Minutes	Dr. Gazella Bruce Warjri
VTK7	Precision under Pressure: Ahmed Clear Path-Made Easy	03 Minutes	Dr. NIDHI TOMAR
VTK10	Tackling Triple Trouble-Bilateral congenital Microcoria, Cataract and Juvenile glaucoma	03 Minutes	Dr. Rashmi Chandra
VTK11	Salvaging Circumferential GATT: Managing Suture Entrapment Near a Trabeculectomy Ostium	03 Minutes	Dr. Anchal Gera
VTK12	Just Tuck It	03 Minutes	Dr. Maneesh Singh



Abs. No	Title	Duration (In Minutes)	Presenting Author
VTK14	One shot -Two Targets- Break the block ;Restore the flow – A tale of Silicon oil Glaucoma	03 Minutes	Dr. Madhavi Ramanatha Pillai
VTK15	Endocyclohexy for Cyclodialysis Cleft in Phakic Eye: Expanding Indications	03 Minutes	Dr. Adwitiya Biswas
VTK16	A simple anterior approach for the management of malignant glaucoma	03 Minutes	Dr. Sushma Tulava
VTK17	Bridging the Gap: From Unconscious Incompetence to Conscious Competence	03 Minutes	Dr. Saloni Joshi
VTK20	Illuminate the concealed; An innovative method to identify the path of Schlemm's canal	03 Minutes	Dr. Bhawesh Chandra Saha
VTK21	Two Cysts, Two Stories—Burst or Sclerose?	03 Minutes	Dr. Saloni Goyal
VTK22	Bleed behind the beam	03 Minutes	Dr. Sharmila R
VTK23	Don't Sweat over A Sweating Bleb: Modified Seidel's Test	03 Minutes	Dr. Siddharth Dikshit
VTK24	Non-Valved Implants – No Longer a Nightmare!	03 Minutes	Dr. Sahiti Puttagunta





VAST I

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall A

Timings 02:46 PM - 04:15 PM

PANELISTS

Dr. Ramesh Ayyala
Dr. Sirisha Senthil
Dr. Sumit Choudhury
Dr. Suresh Kumar Gupta

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Doing it Right - Applanation tonometry	04 Minutes	Dr. Alokesh Ganguly
2	Perkins Tonometry - Perfecting!	04 Minutes	Dr. Annamalai Odayappan
3	Calibration of GAT	04 Minutes	Dr. Parag Sharma
4	CCT measurements: ultrasound and optical	04 Minutes	Dr. Jatinder Singh Bhalla
5	How you should do Indirect Gonioscopy (diagnostic)	04 Minutes	Dr. Vidya Chelerkar
6	Art of direct gonioscopy for MIGS	04 Minutes	Dr. Vinita Gupta
7	Fundus Photo - Bilateral comparison and detecting glaucoma/non glaucoma changes	04 Minutes	Dr. Thomas George
8	ASOCT technique and measurements for ACG	04 Minutes	Dr. Prashant P Srivastava
9	UBM in Glaucoma	04 Minutes	Dr. Parveen Rewri
10	YAG Laser Iridotomy	04 Minutes	Dr. Faisal T T
11	Mastering your SLT	04 Minutes	Dr. Zia Sultan Pradhan
12	Reading the Octopus Progression - Serial Analysis	04 Minutes	Dr. Murali Ariga



S.No	Topics	Duration (In Minutes)	Faculty Name
13	Reading the Octopus Progression – Trend Analysis	04 Minutes	Dr. Sachin Dharwadkar
14	Reading the HFA Progression – GPA	04 Minutes	Dr. Reena Manchanda Choudhry
15	Progression Analysis – Fundus	04 Minutes	Dr. Raveendra Tammineni
16	Progression Analysis – OCT	04 Minutes	Dr. Manju Anup
17	Identifying OSD – Staining & non staining methods	04 Minutes	Dr. Tutul Chakravarti
18	Multimodal Integration	04 Minutes	Dr. Sushma Tejwani
19	AI and digital tools	04 Minutes	Dr. Trupti Sudhir Patil
20	Bleb Grading	04 Minutes	Dr. Lipi Chakrabarty





Translating Evidence into Everyday Practice

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall B

Timings 02:46 PM - 04:15 PM

PANELISTS

Dr. Ramanjit Sihota

Dr. Subashini Kaliaperumal

Dr. Shweta Tripathi

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Global Guidelines: Where Do We Stand?" : Overview of international glaucoma guidelines (AAO, EGS, Asia Pacific) and their common principles	09 Minutes	Dr. Anil Kumar Mandal
2	"Diagnosis First: Defining Glaucoma Suspects & Early Disease" : Criteria for suspect classification, early detection, and baseline investigations	09 Minutes	Dr. Tanuj Dada
3	"IOP Targets: Setting the Pressure Goal" : Guideline based recommendations for individualized target IOP and risk stratification	09 Minutes	Dr. Vinay Nangia
4	"Medical Therapy: First Line & Beyond" : Stepwise approach to topical medications, fixed combinations, and systemic considerations	09 Minutes	Dr. Madhu Bhaduria
5	"Laser Therapy: Guidelines on SLT" : Evidence based role of selective laser trabeculoplasty	09 Minutes	Dr. Harsh Kumar
6	"Surgical Pathways: TRAB, Tubes & MIGS" : Guideline recommendations on when to escalate to trabeculectomy, drainage devices, or minimally invasive glaucoma surgery	09 Minutes	Dr. Surinder S Pandav



S.No	Topics	Duration (In Minutes)	Faculty Name
7	"Monitoring Progression: Structure Meets Function" : Guideline driven protocols for OCT, RNFL, visual fields, and optic disc evaluation	09 Minutes	Dr. Saumendranath Ghose
8	"Special Populations: NTG, Angle Closure & Secondary Glaucoma" : Tailored guideline recommendations for normal tension glaucoma	12 Minutes	Dr. Ramanjit Sihota
9	Discussion, Group Photo & Change over Time	15 Minutes	





Glaucoma Medical Records, Audit & Insurance: Building Accountability in Care

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall C

Timings 02:46 PM - 04:15 PM

PANELISTS

Dr. Ramakrishnan Rengappa

Dr. Sharmila R

Dr. Vivek Gupta

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Standardizing Glaucoma Medical Records: What to Capture Core elements – IOP, disc photos, OCT, fields, medications, and surgical notes	08 Minutes	Dr. Prateep Vyas
2	Electronic Health Records (EHR): Streamlining Documentation Integrating imaging, clinical notes, and audit tools into digital platforms	08 Minutes	Dr. Siddharth Dikshit
3	Audit Methodology: Measuring Quality of Glaucoma Care Designing audits to assess diagnosis accuracy, treatment appropriateness, and follow up compliance	08 Minutes	Dr. Krishnadas S R
4	Outcome Metrics: Beyond IOP Control Tracking visual function, RNFL progression, and patient reported outcomes in audits	11 Minutes	Dr. Vivek Gupta
5	Medication Adherence & Audit: Closing the Loop Using records to monitor compliance, side effects, and drop burden	08 Minutes	Dr. Ronnie George
6	Surgical Audit: Trabeculectomy, Tubes & MIGS Evaluating success rates, complications, and long term outcomes through standardized audit protocols	08 Minutes	Dr. Shibal Bhartiya



S.No	Topics	Duration (In Minutes)	Faculty Name
7	Shared Medical Appointments - Novel Way for Glaucoma Care	08 Minutes	Dr. Rengaraj Venkatesh
8	Insurance & Coding in Glaucoma Care How accurate records support reimbursement, medico legal safety, and fair insurance claims	08 Minutes	Dr. Manoj Chandra Mathur
9	Future Directions: AI Driven Audit & Predictive Analytics Harnessing machine learning to analyze records, forecast progression, and benchmark care quality	08 Minutes	Dr. Ganesh V Raman
10	Discussion, Group Photo & Change over Time	15 Minutes	





Rapid Fire Session 1

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall D

Timings 02:46 PM - 04:15 PM

JUDGES

Dr. Madhavi Ramanatha Pillai

Dr. Paaraj Dave

Dr. Shivam Gupta

Abs. No	Title	Duration (In Minutes)	Presenting Author
RFS1	Triple Trouble-Bilateral Microcoria, Cataract and Juvenile Glaucoma	03 Minutes	Dr. Rashmi Chandra
RFS2	When the cornea misleads and the lens Reveals- Different Strokes of Phacotopic Glaucoma:	03 Minutes	Dr. Rashmi Chandra
RFS3	Bilateral simultaneous Acute Angle Closure (AAC) caused by Sulfonamide derivatives: A case series*	03 Minutes	Dr. Lalitha K.J.
RFS4	Nightmare: Post PI Hyphema.	03 Minutes	Dr. Pranav Ranjan
RFS5	MIGS - When NOT to do?	03 Minutes	Dr. Abhijay Luthra
FP10	Microspherophakia -Small lens Big Challenges	03 Minutes	Dr. Malleswari Medikonda
FP11	Preservative-Free Glaucoma therapy: An Indian Perspective	03 Minutes	Dr. Swapna Satyanandan
FP12	Digital Glaucoma Survey On Vascular Benefits Of Dorzolamide, Role Of Oct & Newer Diagnostics	03 Minutes	Dr. Swapna Satyanandan
FP44	Comparison of Tanito microhook Trabeculotomy vs Bent ab interno Needle Goniotomy in POAG at 12 month	03 Minutes	Dr. Nidhi Tomar



Abs. No	Title	Duration (In Minutes)	Presenting Author
FP45	Bringing Virtual reality to Real World: Performance of novel VR Perimeter vs Humphrey's Perimetry	03 Minutes	Dr. Usha Tejaswini S
FP49	Bilateral simultaneous Acute Angle Closure (AAC) caused by Sulfonamide derivatives: A case series*	03 Minutes	Dr. Lalitha K.J.
FP52	One year outcomes of Phaco-GATT in patients who required AC wash for postoperative hyphema	03 Minutes	Dr. Kavya Subramanian M. S.
FP55	Outcome of Management of Lens-Induced Glaucoma Over Two Years in a Tertiary Care Center	03 Minutes	Dr. Anu F Anand
FP58	ICE IN EVOLUTION IN MALE	03 Minutes	Prof. Sagarika Patyal
FP61	Short term outcomes of BANG with MSICS in Moderate to Severe Primary Open-Angle Glaucoma	03 Minutes	Dr. Techidodum Tara
FP64	Genetic Spectrum of Childhood and Early-Onset Glaucoma: A Five-Year Tertiary Care Experience.	03 Minutes	Dr. Neha Yadav
FP66	Over the Counter, Under the Radar : Knowledge-Practice Gap in Steroid eye drops dispensing	03 Minutes	Dr. Meghana R Hiremath
FP67	To study the profile of pediatric patients undergoing glaucoma surgery at a tertiary eye care centre	03 Minutes	Dr. Mandabi Sengupta
FP70	DECODING THE GENOTYPE AND PHENOTYPE OF USHERS' SYNDROME IN TWO RELATIVES	03 Minutes	Prof. Sagarika Patyal
FP71	One-Year Outcomes of KDB Goniotomy with Phaco in POAG vs PACG: A Prospective Study	03 Minutes	Dr. Nimrita Gyanchand Nagdev





Abs. No	Title	Duration (In Minutes)	Presenting Author
FP74	AGV Implant - Clinical outcomes in Pars Plana versus Anterior chamber Entry in Refractory Glaucoma	03 Minutes	Dr. Salwa Kaidakath
FP75	Trickling down of Blood - Care approaches in 2 case scenarios	03 Minutes	Dr. Salwa Kaidakath
FP77	Kahook Dual Blade (KDB) Goniotomy versus Combined KDB with phacoemulsification: a comparative study	03 Minutes	Dr. Niteen Dedhia
FP78	Evaluation Of Macular Oct Changes In Patients With Glaucomatous Field Defects	03 Minutes	Dr. Achal Singhal
FP79	Topographical mismatch between beta-zone PPA and RNFL damage in POAG: an SD-OCT analysis	03 Minutes	Dr. Sneha Subhash Rathod
FP87	From Tumor to Pressure: Navigating Secondary Glaucoma in Pediatric ocular tumors	03 Minutes	Dr. Shalini Shalini
FP88	Visual Outcome of hypotony patients following trabeculectomy or trabeculectomy with Cataract surgery	03 Minutes	Dr. Deepa M
FP104	Retrospective study of Intraoperative Injectable Mitomycin C vs sponge MMC during trabeculectomy.	03 Minutes	Dr. Meena Menon
FP107	Effect of Trabeculectomy on BMO-MRW and Peripapillary RNFL thickness by Spectralis OCT.	03 Minutes	Dr. Ramarghya Kusum Chakraborty
FP111	1 Year Surgical Outcomes of Combined GATT with Phacoemulsification in PXFG.	03 Minutes	Dr. Ramarghya Kusum Chakraborty





VS Hack Finals



JUDGES

Dr. Alan L. Robin
Dr. Manish Shantilal Shah
Dr. Ramesh Ayyala
Dr. Sathyan Parthasarathi
Dr. Randeep Singh
Mr. Dipinder Sekhon

Date 02 Oct 2026

Day 1 (FRIDAY)

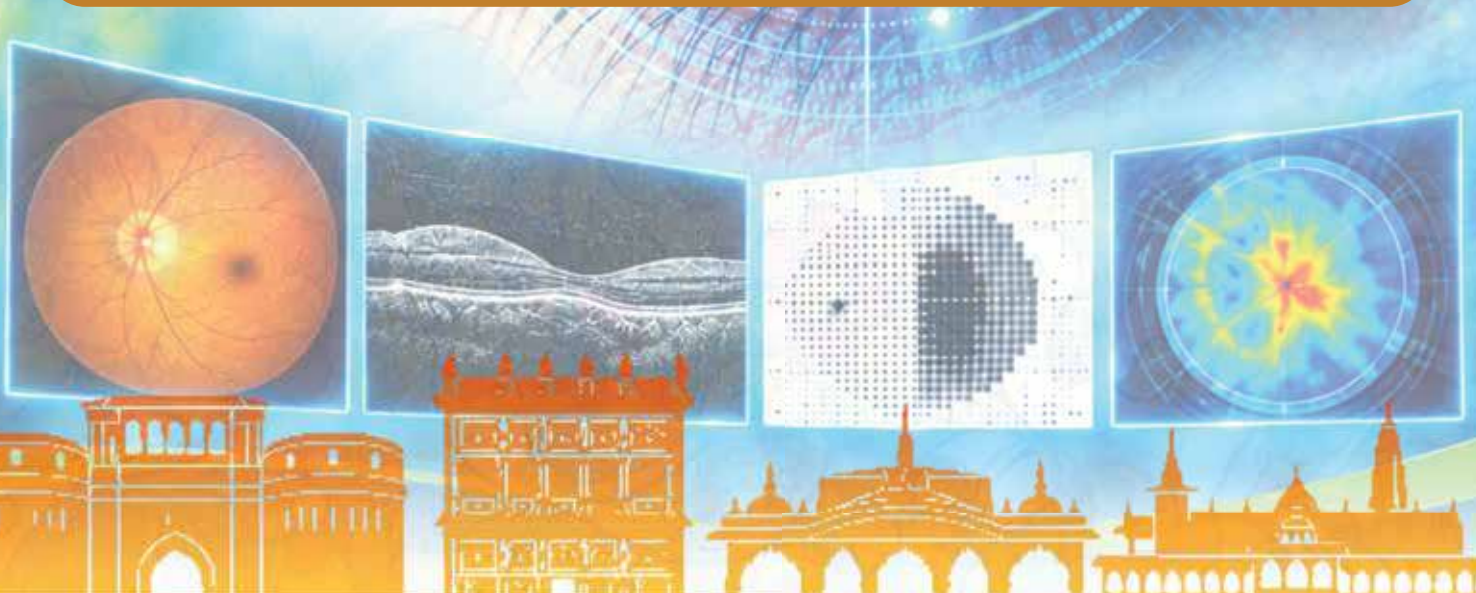
Hall Hall A

Timings 04:16 PM - 05:30 PM

VSHack (Venture Studio Hack) is a first-of-its-kind AI-in-Ophthalmology hackathon designed to identify ideas with the potential to evolve into scalable, sustainable, and commercially viable solutions for ophthalmology.

The hackathon brings together ***ophthalmologists, AI and technology professionals, and business leaders*** to identify real-world clinical challenges and develop technology-driven solutions around them. Unlike a conventional one-day hackathon, VSHack follows a ***venture studio approach***, taking teams beyond ideation—from identifying and defining a clinical problem to developing, refining, and presenting a potential solution.

The aim is to bridge the gap between ***clinical needs, technological innovation, and real-world implementation***, creating a pathway for promising ideas to progress beyond the hackathon and toward meaningful, sustainable solutions in eye care.





Physical Poster Session 1

Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall D

Timings 05:31 PM - 06:00 PM

JUDGES

Dr. Chitra Ramamurthy
Dr. Medha Prabhudesai
Dr. Meena Menon

Abs. No	Title	Presenting Author
EP6	"The Everest Paradox: when anti altitude therapy triggers angle closure at base camp"	Dr. Lalitha K.J.
EP9	Inadvertent cyclodialysis cleft following tanito microhook trabeculotomy: A case series	Dr. Prasanna Venkataraman
EP11	Comparative Outcomes of NPDS and GATT in Advanced Open Angle Glaucoma: A 12-Month Prospective Study	Dr. Madhavi Ramanatha Pillai
EP13	Revisiting Ergonomics- Semicircular scleral flap in trabeculectomy	Dr. Vidya Wadke
EP14	AGV Tube Extension for Tube Retraction in Post-Keratoplasty Glaucoma	Dr. Divya Kotcharlakota
EP15	Clinical Implications of GFR Technology in BAK-Free Latanoprost+ Timolol FDC	Dr. Neeraj Markandeywar
EP17	Balancing Vision and Ventilation: A Syndromic Congenital Glaucoma Case	Dr. Vardhineedi Satya Amrita
EP22	Behind the Port-Wine Stain: Infantile Glaucoma Unmasking Sturge-Weber Syndrome	Dr. Bhawesh Chandra Saha
EP25	A Rare Presentation Of Primary Angle Closure Glaucoma In Young Female Associated With Keratoconus	Dr. Vidya Raja
EP37	Molecular and Histopathological Insights into the Lens Capsule in Iridocorneal Endothelial Syndrome	Dr. Julie Pegu



Date 02 Oct 2026

Day 1 (FRIDAY)

Hall Hall A

Timings 06:01 PM - 07:00 PM

Inauguration Ceremony





Day 1

**Annual GSI Advisory Board Meeting
(Physical)**

2026 on Friday, October 2, 2026

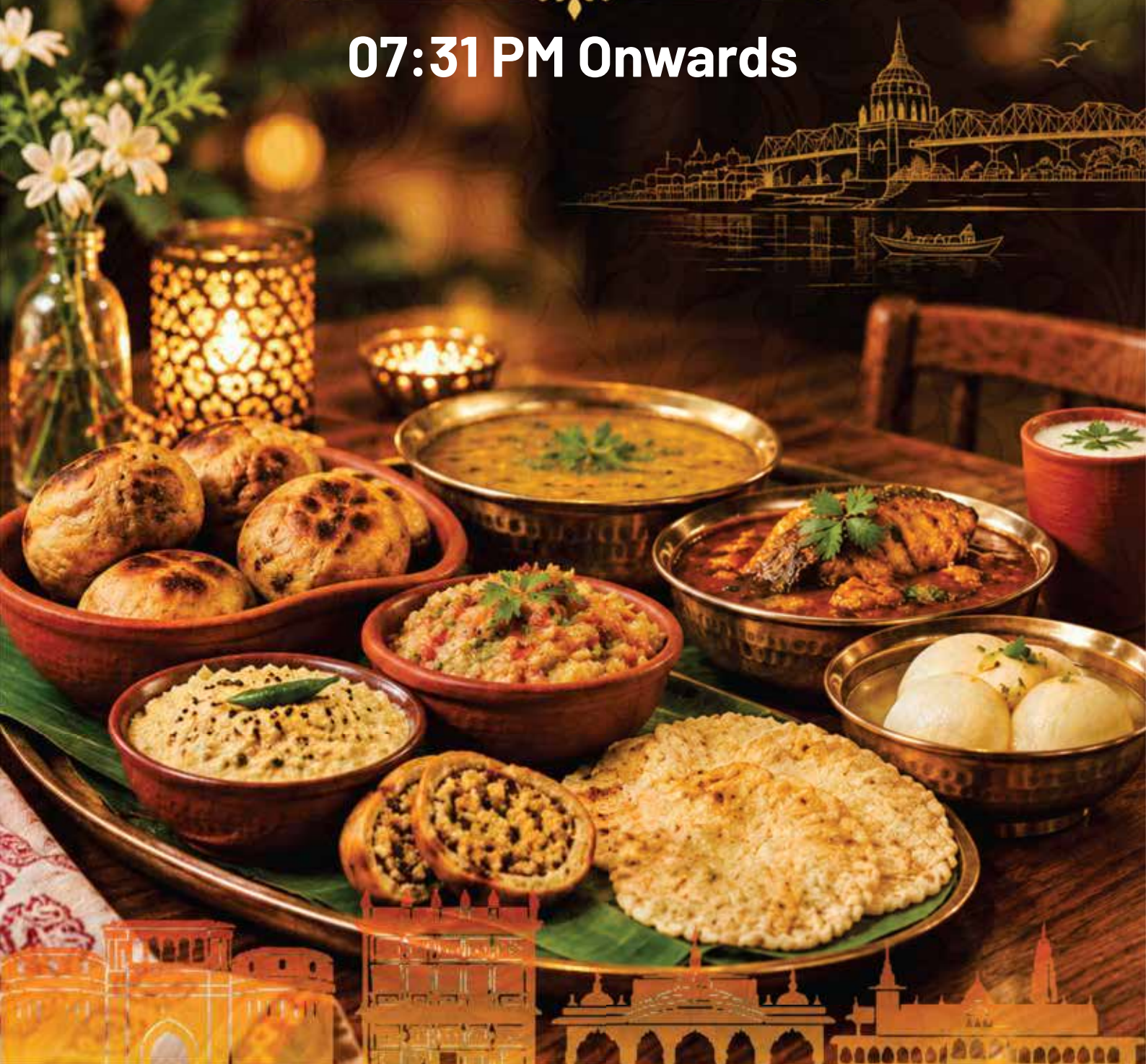
@ 07.01 - 08:00 pm

**in Nalanda Hall, Hotel Maurya,
Gandhi Maidan, Patna.**



Faculty Dinner

07:31 PM Onwards





DAY 2 - 3rd October 2026



Mapping Decline: Clinical and Technological Advances in Glaucoma Progression

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall A

Timings 08:30 AM - 10:00 AM

PANELISTS

Dr. Rita Dhamankar

Dr. Sathi Devi AV

Dr. Surinder S Pandav

S.No	Topics	Duration (In Minutes)	Faculty Name
1	From Photo to Proof: Fundus Photography in Progression Tracking neuroretinal rim thinning, disc hemorrhages, RNFL defects, and subtle structural changes with serial imaging	10 Minutes	Dr. Meena Nair
2	Pixels to Profiles: OCT Guided Progression Analysis Event based vs. trend based software, RNFL/GCC thickness maps, floor effect recognition, and artifact detection	10 Minutes	Dr. Tirupati Nath
3	Angles in Motion: Gonioscopy for Progression Monitoring angle closure evolution, PAS documentation, trabecular pigmentation shifts, and dynamic gonioscopy findings	10 Minutes	Dr. Paaraj Dave
4	Fields in Focus: Visual Field Progression Evaluating MD/VFI slopes, cluster change probability, learning effect correction, and advanced central encroachment	10 Minutes	Dr. Mona Khurana
5	Disc Hemorrhage Mapping: Predicting Structural & Functional Loss Spatial correlation of Drance hemorrhages with rim thinning and focal field decay	10 Minutes	Dr. Digvijay Singh



S.No	Topics	Duration (In Minutes)	Faculty Name
6	Microcystic RNFL Changes: Early Warning Signs Identifying subtle tissue remodeling before widespread axon loss appears on standard scans	10 Minutes	Dr. Sathi Devi
7	Fast vs. Slow Progressors: Risk Matrix Forecasting Using multi variable models to predict lifetime disability and guide treatment intensity	10 Minutes	Dr. Vinay Nangia
8	Discussion, Session Group Photo & Change Over Time	20 Minutes	





Glaucoma Biomarkers

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall B

Timings 08:30 AM - 10:00 AM

PANELISTS

Dr. Baskaran Mani

Dr. Sushma Tejawani

Dr. Swaminathan Sethu

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Introduction	05 Minutes	
2	Aqueous and Trabecular meshwork	10 Minutes	Dr. Sirisha Senthil
3	Neurodegeneration and neuroinflammatory axis in glaucoma	10 Minutes	Dr. Sushma Tejawani
4	Biomarkers to identify the need for early intervention in glaucoma	10 Minutes	Dr. Gowri J Murthy
5	Early progression: Structural/ Functional/ newer biomarkers	10 Minutes	Dr. Shefali R Parikh
6	How to overcome translational gaps between lab discoveries and clinical utilities	10 Minutes	Dr. Sushmita Kaushik
7	Digital biomarkers and home monitoring in glaucoma: the future?	10 Minutes	Dr. Kavitha S
8	Hot off the press	10 Minutes	Dr. Swaminathan Sethu (NN Grow lab)
9	Summary followed by a brainstorming session, clinicians and Scientists	15 Minutes	Dr. Sushma Tejawani (Moderated by)



Pharmacotherapy in Glaucoma: Evolving Strategies for Patient Care



Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall C

Timings 08:30 AM - 10:00 AM

PANELISTS

Dr. Alan Robin
Dr. George Puthuran
Dr. Amit Pandey

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Beta Blockers: Old but Reliable" Role of timolol and betaxolol, systemic safety concerns, and patient selection	10 Minutes	Dr. Gursatinder Singh
2	"Prostaglandin Analogues: The Gold Standard" Efficacy, side effects, and patient adherence with latanoprost, bimatoprost, and travoprost	10 Minutes	Dr. Sudipta Ghosh
3	"Alpha 2 Agonists: Dual Action Agents" Brimonidine's neuroprotective potential and challenges with allergy and compliance	10 Minutes	Dr. Saumendranath Ghose
4	"Carbonic Anhydrase Inhibitors: Topical & Systemic Use" Dorzolamide, brinzolamide, and acetazolamide – balancing efficacy with tolerability	10 Minutes	Dr. Shailesh G M
5	"Fixed Combination Therapy: Simplifying the Drop Burden" Advantages of fixed combinations in improving adherence and reducing preservative load	10 Minutes	Dr. Purvi Bhagat
6	"Preservative Free Formulations: Protecting the Ocular Surface" Impact of preservatives on ocular surface disease and the rise of preservative free options	10 Minutes	Dr. Mayuri Khamar
7	"Beyond Prostaglandins : Can adding Netarsudil change the way we escalate glaucoma therapy?"	10 Minutes	Dr. Priti Kamdar
8	Discussion, Session Group Photo & Change Over Time	20 Minutes	



Rapid Fire Session 2

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 08:30 AM - 09:00 AM

JUDGES

Dr. Arpita Agarwal

Dr. Julie Pegu

Dr. Surajit Chakrabarti

Abs. No	Title	Duration (In Minutes)	Presenting Author
RFS6	Consistency of von Herick Assessment in Routine Glaucoma Screening	03 Minutes	Dr. Raveendra Tammineni
FP17	Six-Month Outcomes of iStent Inject®W in Mild-Moderate Glaucoma: Real-World Study	03 Minutes	Dr. Avik Roy
FP21	An usual case of Neovascular Glaucoma- a case report	03 Minutes	Dr. Ranjana Mairembam Devi
FP27	One year outcomes of suture gonioscopy assisted transluminal trabeculotomy in myopic eyes with OAG	03 Minutes	Dr. Madhavi Ramanatha Pillai
FP29	Safety and Efficacy of GKIBT: Multigroup Comparison of Five Trabeculotomy-Based MIGS in OAG	03 Minutes	Dr. Devendra Maheshwari
FP30	Outcomes of Interventional Valve-Enhancing Trabeculotomy With Phaco in POAG: A Randomized Trial	03 Minutes	Dr. Devendra Maheshwari
FP42	Outcome of Gonioscopy-Assisted Transluminal Trabeculotomy in eyes with prior failed glaucoma surgery	03 Minutes	Dr. Nidhi Tomar
FP43	One-Year Outcomes of Gonioscopy-Assisted Transluminal Trabeculotomy in Juvenile Open-Angle Glaucoma	03 Minutes	Dr. Nimrita Gyanchand Nagdev



Abs. No	Title	Duration (In Minutes)	Presenting Author
FP60	Role of macular parameters in glaucoma patients with focal disc damage	03 Minutes	Dr. Trupti Patil
FP85	Long-Term Outcomes of Acute Primary Angle Closure: A 3-Year Clinical Study	03 Minutes	Dr. Shivam Gupta
FP90	Outcomes of pars plana placement of Aurolab Aqueous Drainage Implant in neovascular glaucoma.	03 Minutes	Dr. Shivam Gupta





Physical Poster Session 2

Date 03 Oct 2026

Day 2 (Saturday)

Hall Poster Area

Timings 08:30 AM - 09:00 AM

JUDGES

Dr. Maneesh Singh
Dr. Subashini Kaliaperumal
Prof. Sagarika Patyal

Abs. No	Title	Duration (In Minutes)	Presenting Author
EP26	Behind The Closed Angle		Dr. Darshika N
EP28	"Seeing the unseen: Ciliary body melanoma hiding behind raised IOP"		Dr. Antara
EP29	The Scleral Sieve: A Recurrent Puzzle Solved by Genetic Testing		Dr. Salwa Kaidakath
EP31	Measuring visual fields in children with glaucoma using Baby Vision Screener (BaVis).		Dr. Sushma Tulava
EP32	Safety & Efficacy of Minimally Invasive Glaucoma Surgery with KDB in Primary Angle-Closure Glaucoma.		Dr. Shweta Ishwar Parsawar
EP35	Expanding EFEMP1 Spectrum - Juvenile Open Angle Glaucoma and Doyme Honeycomb Dystrophy in 2 Families		Dr. Gowri Pratinia Kolipaka
EP38	Restoring the Surface, Controlling the Pressure: A Stevens-Johnson Challenge.		Dr. Shalini Shalini
EP41	The Great Masquerader: Viral Keratoscleritis Mimicking SINS Post Trabeculectomy		Dr. Prashant P Srivastava
EP50	Transient ciliochoroidal detachment after GATT-a Case Series.		Dr. Ramarghya Kusum Chakraborty
EP53	Impact of Repeated Ethylene Oxide Resterilization on Accuracy of Non-Contact Tonometry		Dr. Subhashree Panda



Free Video Session 2

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 09:00 AM - 10:00 AM

JUDGES

Dr. Subhash Prasad
Dr. Devendra Maheshwari
Dr. Subashini Kaliaperumal

Abs. No	Title	Duration (In Minutes)	Presenting Author
VT27	When Grayscale Adds Colour to the Picture: Clinical Insights from AS-OCT in Secondary Glaucoma	06 Minutes	Dr. Palla Aruna Kumari
VT29	Beyond the Bleb: Surgical Restoration of an Overhanging Filter	06 Minutes	Dr. Niyatee Uniyal
VT30	Small Incisions, Big Surprises: Managing MIGS Complications	06 Minutes	Dr. Nimrita Gyanchand Nagdev
VT33	"Beyond Medical Therapy :Surgical Battle in ICE Syndrome"	06 Minutes	Dr. Sejal singla
VT34	TIPS AND TRICKS FOR MANAGING FAILED O LOGEN BLEB WITH REPEAT TRABECULECTOMY	06 Minutes	Dr. Pankaj Bendale
VT35	FROM INCISION TO BLEB: A GLAUCOMA FELLOW-TO-FELLOW GUIDE FOR SUCCESSFUL TRABECULECTOMY.	06 Minutes	Dr. Sania Gulwani
VT37	"Taming the Troublesome Bleb : Bleb Excision and Conjunctival Advancement"	06 Minutes	Dr. Antara
VT41	Crafting Tomorrow's Vision: My Innovation Story in the World of Ophthalmology	06 Minutes	Dr. Shivam Gupta
VT44	Ab interno Trabeculectomy – a cost effective MIGS for Indian Scenario	06 Minutes	Dr. Dewang Angmo



Crazy Anterior Segment surgeries in the setting of Glaucoma

Date 03 Oct 2026

Day 2 (Saturday)

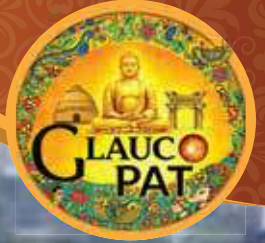
Hall Hall A

Timings 10:01 AM - 10:30 AM

PANELISTS

Dr. G Chandra Sekhar
Dr. Jaya Chandra Das
Dr. Manish Shantilal Shah
Dr. Ronnie George

S.No	Topic	Duration (In Minutes)	Faculty Name
1	Crazy Anterior Segment surgeries in the setting of Glaucoma (with audience participation)	30 Minutes	Dr. Ramesh Ayyala



Break - 10.31 AM To 10.45 AM



The Masterclass

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall A

Timings 10:46 AM - 12:15 PM

PANELISTS

Dr. Alan Robin
Dr. Ramakrishnan Rengappa
Dr. Ramanjit Sihota
Dr. Ramesh Ayyala
Dr. Sathyan Parthasarathi

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Pseudoexfoliation Glaucoma : An update	15 Minutes	Dr. Alan Robin
2	"Home monitoring of Glaucoma Patients: Are we there yet?"	15 Minutes	Dr. Ramesh Ayyala
3	Andhra Pradesh Eye Disease Study (APEDS) : Practical clinical relevance for today's practice	15 Minutes	Dr. Chandra Sekhar G
4	Aravind Comprehensive Eye Survey (ACES) : Practical clinical relevance for today's practice	15 Minutes	Dr. Krishnadas S R
5	Chennai Eye Study : Practical clinical relevance for today's practice	15 Minutes	Dr. Ronnie George
6	Discussion	15 Minutes	



Free Paper Session 2

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 10:46 AM - 11:45 AM

JUDGES

Dr. Amit Pandey

Dr. Meena Nair

Dr. Vinita Ramnani

Abs. No	Title	Duration (In Minutes)	Presenting Author
FP1	Agreement Of Iop After Laser Vision Correction (Lvc): Comparison Of Gat, Ora, And Rt	06 Minutes	Dr.Subashini Kaliaperumal
FP7	Optimal Dimension of Peripheral Iridotomy for Anatomical Efficacy in Primary Angle Closure Disease.	06 Minutes	Dr. Ganesh Venkataraman
FP33	Two Faces of Ocular Crowding: A Biometric Comparison of Nanophthalmos and PACD"	06 Minutes	Dr. Sharmila R
FP39	Management outcome of post Trab Choroidal detachment with Air-Visco-Air injection	06 Minutes	Dr. Bhagabat Nayak
FP50	Postoperative Complications and Surgical Reinterventions Following Glaucoma Drainage Devices	06 Minutes	Dr. Sivani Kodali
FP56	Comparative Evaluation of Nanodropper-mediated Microdrops vs. Conventional Drops of Proparacaine	06 Minutes	Dr. Indira Durai
FP59	Corneal Biomechanics and the risk of Visual Field Progression in Open-angle Glaucoma using Corvis ST	06 Minutes	Dr. Neha Arora
FP62	Prospective analysis of trabecular meshwork morphological changes following BANG using ASOCT	06 Minutes	Dr. Nitika Beri



Free Paper Session 3



Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 11:46 AM - 12:45 PM

JUDGES

Dr. Pankaj Bendale
Dr. Prashant P Srivastava
Dr. Zia Sultan Pradhan

Abs. No	Title	Duration (In Minutes)	Presenting Author
FP73	Clinical Profile and Outcomes of Glaucoma in Eyes with Biallelic LTBP2-Associated Ectopia Lentis	06 Minutes	Dr. Sushma Tulava
FP80	Tube ligation in Ahmed Glaucoma valve - Does it affects valve function?	06 Minutes	Dr. Urvish Vashisht
FP82	Ahmed ClearPath in Refractory Glaucoma: 6-Month Outcomes from a North Indian Tertiary Centre	06 Minutes	Dr. Rinkal Goyal
FP83	Autologous Serum Eye Drops for Anti-Glaucoma Medications induced Toxic Corneal Epitheliopathy	06 Minutes	Dr. Gowri Pratinya Kolipaka
FP91	Ocular Surface Underlooked: Impact of Glaucoma Drops on Meibomian Glands in Newly Diagnosed Patients	06 Minutes	Dr. Shalini Shalini
FP93	AADI-250 in Refractory Glaucoma: Efficacy, Safety, and Survival Outcomes	06 Minutes	Dr. Niharika Chaurasia
FP96	Short term Comparative Outcomes of AADI 250 mm ² versus AADI 350 mm ² in Refractory Glaucoma	06 Minutes	Dr. Chitransha Jaluthariya
FP98	Accuracy of IOP Measurement Using Re-used Ethylene Oxide-Sterilized and New iCare Probes	06 Minutes	Dr. Niya Babu
FP108	Elevated Prevalence of Glaucoma in Severe Obstructive Sleep Apnea	06 Minutes	Dr. Preeti Gupta



Normal Tension Glaucoma: Beyond Pressure

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall A

Timings 12:16 PM - 01:15 PM

PANELISTS

Dr. Gowri.J. Murthy
Dr. Siddharth Dikshit
Dr. Alokesh Ganguly

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Silent Damage: Pathophysiology of NTG" Exploring vascular dysregulation, optic nerve susceptibility, and systemic associations like migraine, hypotension, and sleep apnea	09 Minutes	Dr. Ronnie George
2	"Disc & RNFL Clues: Spotting NTG Early" Recognizing disc hemorrhages, focal RNFL defects, and characteristic visual field patterns unique to NTG	09 Minutes	Dr. Vinita Ramnani
3	"Imaging NTG: OCT & Beyond" Role of OCT RNFL/GCC analysis, macular scans, and multimodal imaging in detecting progression at normal IOP	09 Minutes	Dr. Vinita Gupta
4	"Managing NTG: Pressure Isn't the Whole Story" IOP lowering strategies, neuroprotection, lifestyle modifications, and systemic vascular risk management	09 Minutes	Dr. Sharmila R
5	"Future Horizons: AI & Risk Stratification in NTG" Emerging predictive models, biomarkers, and artificial intelligence in identifying high risk NTG patients	09 Minutes	Dr. Kavitha Srinivasan
6	Discussion, Group Photo & Change over Time	15 Minutes	



Partnered Clinical Insights

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall B

Timings 12:16 PM - 01:15 PM

PANELISTS

Dr. Debasis Chakrabarti

Dr. Neethu Mohan

Dr. Rajul S. Parikh

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Target IOP in Indian Glaucoma Care: A Contemporary Perspective	10 Minutes	Dr. Deven Tuli
2	Tailoring Glaucoma Management in Real-World Clinical Practice	10 Minutes	Dr. Rajul S Parikh
3	OCT in Glaucoma: Fallacies, Pitfalls and Pearls	10 Minutes	Dr. Maneesh Singh
4	Same Molecule, Different Story: INNOVATOR Vs. GENERICS	10 Minutes	Dr. Subhash Prasad
5	MIGS I Stent : The full Journey	10 Minutes	Dr. Chandrima Paul
6	Discussion, Group Photo & Change over Time	10 Minutes	



Glaucoma Surgery Success: Preoperative Mastery to Perfect Trabeculectomy

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall C

Timings 12:16 PM - 01:15 PM

PANELISTS

Dr. Prateep Vyas
Dr. Jatinder Singh Bhalla
Dr. Medha Prabhudesai
Dr. Sunil Gupta

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Ocular Surface and Conjunctival Health - Managing the "Activated Conjunctiva, Preoperative Steroid Washouts: Preservative Toxicity Mitigation, Lid Margin and Adnexa Prep	07 Minutes	Dr. Dilip Lalwani
2	Patient Risk Profiling & Case Selection - Identifying High-Risk Scarring Profiles, The Vulnerable Optic Nerve: Target IOP Planning, Trabeculectomy vs. MIGS	07 Minutes	Dr. Sunil Gupta
3	Medication Modifications - Anticoagulant Management, Preoperative IOP Spike Control, Prostaglandin Analog Dilemma	07 Minutes	Dr. Aanchal Rathore
4	Structural & Biometric Assessments - Preoperative Gonioscopy Mapping, Axial Length and Chamber Depth Clues, Refractive Status Evaluation	07 Minutes	Dr. Prateep Vyas
5	Anesthesia & Patient Psychology - Anesthesia Optimization, Managing Patient Expectations	07 Minutes	Dr. Shefali R Parikh
6	Trabeculectomy - Doing it the correct way	07 Minutes	Dr. Mayuri Khamar
7	Glaucoma Surgical Training for the New Generation	07 Minutes	Dr. Rengaraj Venkatesh
8	Discussion, Session Group Photo & Change Over Time	10 Minutes	



Lunch Symposium By Ajanta

01.16 PM To 01.45 PM

LUNCH

Hall A to C - 01.16 PM - 02.00 PM

Hall D - 12.46 PM - 01.30 PM



Free Video Session 3

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 01:31 PM - 02:30 PM

JUDGES

Dr. Lipi Chakrabarty

Dr. Parveen Rewri

Dr. Sudipta Ghosh

Abs. No	Title	Duration (In Minutes)	Presenting Author
VT13	A novel way of tackling two cyclodialysis clefts simultaneously	06 Minutes	Dr. Rita Dhamankar
VT42	Modified Descmet's Stripping Forceps assisted Goniotomy : A new MIGS technique	06 Minutes	Dr. Urvish Vashisht
VT43	An innovative method to identify the path of Schlemm's canal	06 Minutes	Dr. Bhawesh Chandra Saha
VT45	A TALE OF TROUBLE, TENACITY AND TRIUMPH OF THE TUBE	06 Minutes	Dr. Vidya Wadke
VT46	The Double-Edged Depot: Control Inflammation, but Protect the Nerve	06 Minutes	Dr. Salwa Kaidakath
VT49	Uncharted Territory: An Unclassified Axenfeld-Rieger Variant	06 Minutes	Dr. Neelambika Shekhar Kulkarni
VT52	Redefining Limits: GDD Implantation in the Complex Realm of Post-VR Glaucoma	06 Minutes	Dr. Abhijay Luthra
VT55	Triple Tunnel Tube (TTT) placement of AGV -A modified and graft free technique	06 Minutes	Dr. Rakesh Shakya
VT58	Beyond Scar, Buckle, and Biology: A ClearPath Through Complex Glaucoma	06 Minutes	Dr. Drishti C



VAST II

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall A

Timings 02:01 PM - 03:30 PM

PANELISTS

Dr. Mayuri Khamar
Dr. Reena Manchanda Choudhry
Dr. Shalini Mohan
Dr. Vinay Nangia

S.No	Topics	Duration (In Minutes)	Faculty Name
1	EUA in Congenital Glaucoma	04 Minutes	Dr. Debasis Chakrabarti
2	Surgical PI	04 Minutes	Dr. Vinita Ramnani
3	BANG & Microhook	04 Minutes	Dr. Amit Porwal
4	KDB	04 Minutes	Dr. Surajit Chakrabarti
5	GATT	04 Minutes	Dr. Mohideen Abdul kader
6	I Stent	04 Minutes	Dr. Amit Pandey
7	Hydrus Implant	04 Minutes	Dr. Shweta Tripathi
8	Trabeculectomy Step by Step: Designing the Flap	04 Minutes	Dr. Sagarika Patyal
9	Mitomycin C Delivery Protocols: Sponge vs. Injection	04 Minutes	Prof. Meenakshi Y Dhar
10	Adjustable & Releasable Sutures: Fine Tuning Filtration	04 Minutes	Dr. Shalini Mohan
11	SICS Trab	04 Minutes	Dr. Vidya Chelerkar
12	Phaco Trab	04 Minutes	Dr. Arup Chakrabarti



S.No	Topics	Duration (In Minutes)	Faculty Name
13	Bleb Rescue : Needling	04 Minutes	Dr. Ravi Chandil
14	Bleb Rescue : Revision	04 Minutes	Dr. Nikhil Choudhari
15	Ahmed / Ahmed Clear Path	04 Minutes	Dr. Manju Anup
16	AADI	04 Minutes	Dr. George Puthuran
17	MIGS in PACG	04 Minutes	Dr. Devendra Maheshwari
18	Device Related Challenges: Tube Exposure & Blockage	04 Minutes	Dr. Abhijeet A Tagare
19	Phaco in Small Pupil	04 Minutes	Dr. Arup Chakrabarti
20	Post Trab Shallow AC Management	04 Minutes	Dr. Prashant P Srivastava





Advances in Childhood Glaucoma: Diagnosis, Imaging, Genetics and Surgery



Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall B

Timings 02:01 PM - 03:30 PM

PANELISTS

Dr. Anil Kumar Mandal
Dr. Suneeta Dubey
Dr. Sushmita Kaushik

S.No	Topics	Duration (In Minutes)	Faculty Name
1	How to diagnose Childhood Glaucoma? Classical features and evaluation	09 Minutes	Dr. Suneeta Dubey
2	Cloudy cornea at birth, enlarged corneal diameter, enlarged cupping: glaucoma or anything else?	09 Minutes	Dr. Dewang Angmo
3	How to assess stability and progression in follow up of childhood glaucoma? How to utilise and make meaningful inference from refraction, HCD, axial length and visual field?	09 Minutes	Dr. Faisal T T
4	When would you use B-scan, UBM, SDOCT and AS-OCT in childhood glaucoma?	09 Minutes	Dr. Gowri J Murthy
5	Tips to identifying Schlemm's canal and performing a successful trabeculotomy and 360 trabeculotomy!	09 Minutes	Dr. Anil Kumar Mandal
6	Role of tubes in contemporary paediatric glaucoma practice!	09 Minutes	Dr. George Puthuran
7	MIGS and newer surgical approaches in childhood glaucoma: Current role and future directions?	09 Minutes	Dr. Shikha Gupta
8	Do genetics have a role in our everyday clinics? When and whom to order genetic tests?	09 Minutes	Dr. Sirisha Senthil
9	Discussion, Session Group Photo & Change Over Time	18 Minutes	



Beyond the Clinic: Quality of Life & Patient Perspectives

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall C

Timings 02:01 PM - 03:30 PM

PANELISTS

Dr. Alan Robin

Dr. Tanuj Dada

Dr. Rengaraj Venkatesh

Dr. Mona Khurana

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Living with Glaucoma: Patient Perspectives & Daily Challenges" : Exploring how glaucoma affects independence, mobility, and emotional well being beyond visual acuity charts	09 Minutes	Dr. Chandrima Paul
2	"Visual Function vs. Visual Acuity: The Real Patient Experience" : Highlighting contrast sensitivity, peripheral vision, and glare as more meaningful to patients than Snellen scores	09 Minutes	Dr. Sathi Devi A V
3	"Medication Burden: Drops, Costs & Compliance" : Impact of polypharmacy, side effects, and financial strain on adherence and persistence	09 Minutes	Dr. Ravi Chandil
4	"Psychological Impact: Anxiety, Depression & Fear of Blindness" : Addressing mental health challenges and integrating counseling into glaucoma care	09 Minutes	Dr. Nitika Beri
5	"Driving, Reading & Daily Tasks: Functional Limitations" : How glaucoma affects mobility, independence, and safety in everyday activities	09 Minutes	Dr. Mohideen Abdul Kader



S.No	Topics	Duration (In Minutes)	Faculty Name
6	"Community & Public Health: Screening, Awareness & Access" : The role of outreach programs, education, and equitable access to glaucoma care in reducing blindness burden	09 Minutes	Dr. Madhuri M.B
7	"Patient Reported Outcome Measures (PROMs): Giving Patients a Voice" : Using standardized questionnaires to capture lived experiences beyond clinical metrics	09 Minutes	Dr. Harsh Kumar
8	"Future Horizons: Digital Tools & Patient Empowerment" Telemedicine, mobile apps, and AI based monitoring that empower patients outside the clinic walls	09 Minutes	Dr. Annamalai Odayappan
9	Discussion, Session Group Photo & Change Over Time	18 Minutes	





Dr. B. Sridhar Rao Award Session

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 02:31 PM - 03:30 PM

JUDGES

Dr. Ramakrishnan Rengappa

Dr. Devindra Sood

Dr. Deven Tuli

Abs. No	Title	Duration (In Minutes)	Presenting Author
FP15	Effect of Ripcord Suture on Aurolab Aqueous Drainage Implant Outcomes: An Ambispective Study	06 Minutes	Dr. Prasanna Venkataraman
FP38	Novel Biallelic CPAMD8 Variants in Developmental Glaucoma: Neonatal and Juvenile-Onset Presentations	06 Minutes	Dr. Sushma Tulava
FP53	Comparing one year outcome of Phaco-GATT in patients with advanced POAG and PACG	06 Minutes	Dr. Kavya Subramanian M. S.
FP65	Glaucoma Screening in Cataract Patients Using Remidio Camera: Reducing Dependence on Ophthalmologists	06 Minutes	Dr. Niyatee Uniyal
FP69	Ripcord Removal in Non-valved GDD: Long-Term Outcomes and Safety	06 Minutes	Dr. Neha Yadav
FP112	Outcomes of Internal Bleb Revision in post trabeculectomy eyes: A retrospective study	06 Minutes	Dr. Priya Gupta



Beyond Single Metrics: The Power of Multimodal Glaucoma Assessment

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall A

Timings 03:31 PM - 04:30 PM

PANELISTS

Dr. John Davis Akkara

Dr. Kiran Gopalakrishnan

Dr. Prasanna Venkatesh Ramesh

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Structural + Functional Integration - Combining OCT retinal nerve fiber layer (RNFL) thickness with visual field testing for more robust progression detection	09 Minutes	Dr. John Davis Akkara
2	Optical Coherence Tomography Angiography (OCTA) + OCT - Assessing vascular density changes alongside structural thinning of RNFL and ganglion cell complex	09 Minutes	Dr. Vineet Ratra
3	Fundus Photography + Deep Learning - Using multimodal AI to analyze optic disc cupping and peripapillary changes across large datasets	09 Minutes	Dr. Prasanna Venkatesh Ramesh
4	Multimodal Biomarker Fusion - Integrating biomarkers from OCT, OCTA, fundus imaging, and tonometry into unified predictive models	09 Minutes	Dr. Nikhil Choudhari
5	Longitudinal Multimodal Progression Models - Tracking changes across multiple modalities over time to predict future risk of vision loss	09 Minutes	Dr. Kiran Gopalakrishnan
6	Discussion, Group Photo & Change over Time	15 Minutes	



Major Glaucoma Clinical Trials: Evidence into Practice

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall B

Timings 03:31 PM - 04:30 PM

PANELISTS

Dr. G Chandra Sekhar
Dr. Madhu Bhadauria
Dr. Shibal Bhartiya

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"CIGTS (Collaborative Initial Glaucoma Treatment Study): Surgery vs. Medications" - Comparing initial trabeculectomy with medical therapy and long term outcomes	09 Minutes	Dr. Shibal Bhartiya
2	"AGIS (Advanced Glaucoma Intervention Study): Sequencing Surgery for Success" - Lessons on trabeculectomy vs. laser trabeculoplasty in advanced disease	09 Minutes	Dr. Alokesh Ganguly
3	"CNTGS (Collaborative Normal Tension Glaucoma Study): NTG Management Insights" - Evidence for IOP lowering in NTG and systemic risk factor considerations	09 Minutes	Dr. Amit Porwal
4	"LiGHT Trial (Laser in Glaucoma and Ocular Hypertension): SLT First Approach" -Evidence supporting selective laser trabeculoplasty as a first line treatment	09 Minutes	Dr. Kirti Singh
5	"Trabecular MIGS Combined with Cataract Surgery: AAO Report" - Evidence supporting minimally invasive trabecular glaucoma surgery performed with cataract extraction as a treatment option	09 Minutes	Dr. Sudipta Ghosh
6	Discussion, Group Photo & Change over Time	15 Minutes	



Glaucoma Treatment in Special Clinical Situations: Tailored Management Approach

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall C

Timings 03:31 PM - 04:30 PM

Chair Person

Dr. Bindu S Ajith

Co-Chair Person

Dr. Priyanka Sudhakar

Moderator

Dr. Shalini Shalini

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Therapeutic Modifications in systemic comorbidities like renal failure, cardiac disease and COPD	10 Minutes	Dr. Shalini Shalini
2	Glaucoma Therapy During Pregnancy, Breastfeeding and in children- balancing efficacy and safety	10 Minutes	Dr. Bindu S Ajith
3	Glaucoma management in post-corneal transplant eyes	10 Minutes	Dr. Priyanka Sudhakar
4	Glaucoma in Post-Vitrectomized Eyes: Clinical Challenges and Management Strategies.	10 Minutes	Dr. Meena Menon
5	Panel Discussion	15 Minutes	



Photo Talk Session 2

Date 03 Oct 2026

Day 2 (Saturday)

Hall Hall D

Timings 03:31 PM - 04:30 PM

JUDGES

Dr. Aditya Agrawal
Dr. Asgar Hussain Naqvi Syed
Dr. Parag Sharma

Abs. No	Title	Duration (In Minutes)	Presenting Author
PT23	AXENFELD- REIGER : WHEN EYES REVEAL SYSTEMIC ANOMALIES	03 Minutes	Dr. Sanchita Handa
PT24	Creeping Culprit Hidden in plain sight	03 Minutes	Dr. Usha Tejaswini S
PT25	All that glitters can be silicone oil!	03 Minutes	Dr. Sahiti Puttagunta
PT26	Not all cataracts are as calm and as white as they look!	03 Minutes	Dr. Sahiti Puttagunta
PT27	TUBE TURMOILS	03 Minutes	Dr. Rathini David
PT28	Revealing the hidden tube: A Simple Laser Solution in a Complex Eye	03 Minutes	Dr. Gowri Pratinya Kolipaka
PT31	Central corneal defect: Don't miss Peters !	03 Minutes	Dr. Prasanna Venkataraman
PT32	Kissing crimson beyond the capsule	03 Minutes	Dr. Kavya Subramanian M. S.
PT33	Neovascularisation stealing the spotlight	03 Minutes	Dr. Kavya Subramanian M. S.
PT34	A Tiny Eye, a Giant Lung: Radiation-Induced Fibrin Reaction	03 Minutes	Dr. Nimrita Gyanchand Nagdev
PT35	A Window in the Angle: Cleft After Goniotomy	03 Minutes	Dr. Neelambika Shekhar Kulkarni



Abs. No	Title	Duration (In Minutes)	Presenting Author
PT36	Star-Shaped Pupil: Axenfeld-Rieger Syndrome Unveiled	03 Minutes	Dr. Nimrita Gyanchand Nagdev
PT37	Unforeseen consequences: Post AADI implant scare	03 Minutes	Dr. Abhijay Luthra
PT38	The Silent Seal: Unveiling pupillary block by Swept source AS-OCT	03 Minutes	Dr. Madhavi Ramanatha Pillai
PT39	When a Filtering Bleb Turns Foul: A Case of Post-Trabeculectomy Blebitis	03 Minutes	Dr. Saloni Goyal
PT40	Bilateral WAGR syndrome : A case report	03 Minutes	Dr. Nibha Gupta
PT41	Dark Peripapillary Hyperpigmentation: Incidental finding or Marker of glaucoma?	03 Minutes	Dr. Adwitiya Biswas
PT42	2 SHADES 2 RISK	03 Minutes	Dr. Himani Jamod Bharti





Date

03 Oct 2026

Day

2 (Saturday)

Hall

Hall A

Timings

04:31 PM - 05:45 PM

QUIZ MASTERS

Dr. Gowri.J. Murthy

Dr. Rajul S. Parikh

QUIZ

THINK • ANSWER • WIN





Date 03 Oct 2026

Day 2 (Saturday)

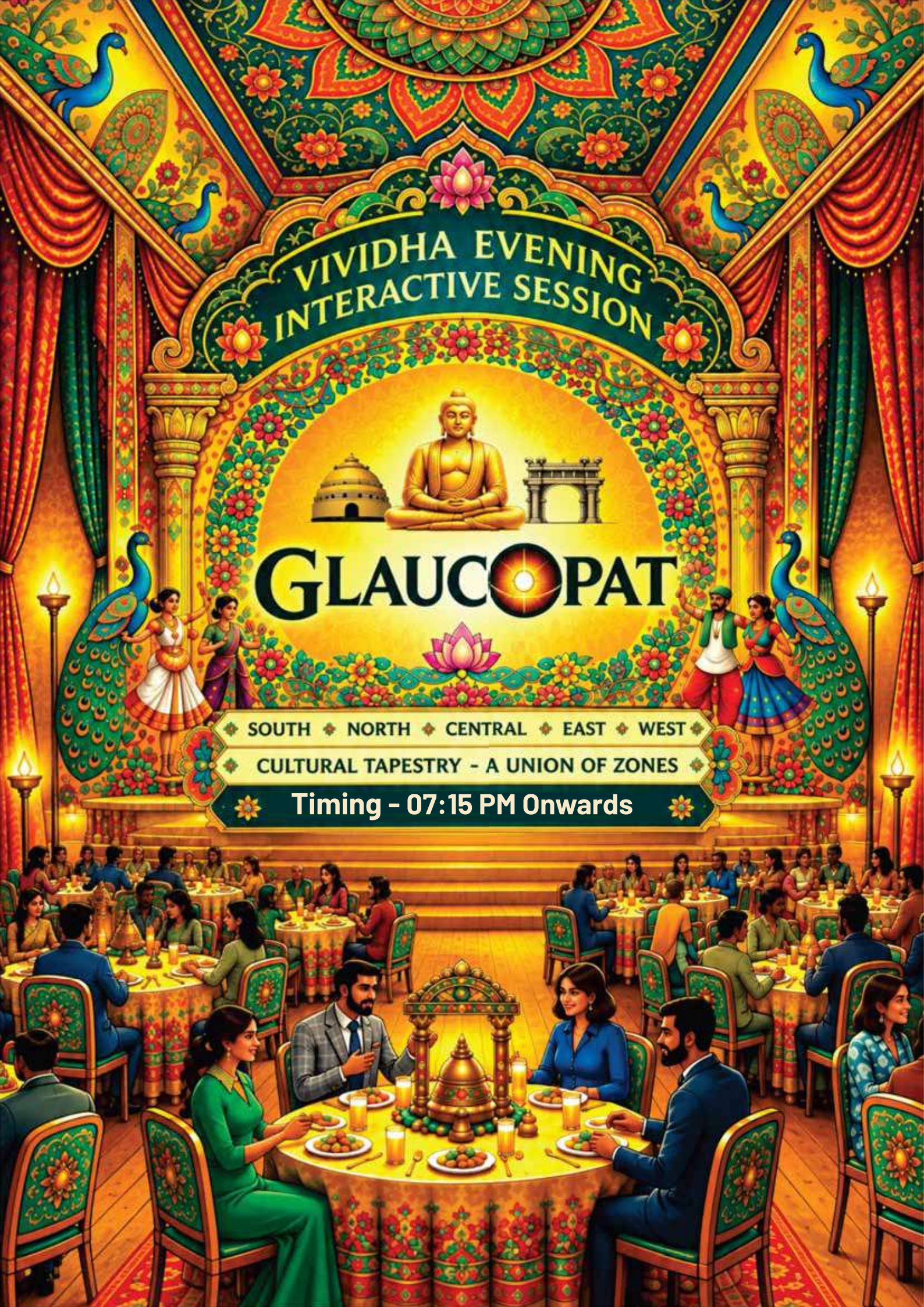
Hall Hall A

Timings 06:00 PM - 06:45 PM



GENERAL BODY MEETING





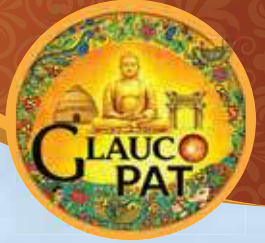
VIVIDHA EVENING
INTERACTIVE SESSION

GLAUCOPAT

SOUTH ♦ NORTH ♦ CENTRAL ♦ EAST ♦ WEST

CULTURAL TAPESTRY - A UNION OF ZONES

Timing - 07:15 PM Onwards



DAY 3 - 4th October 2026



Tubes in Glaucoma: Design, Decisions & Outcomes

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall A

Timings 08:30 AM - 09:30 AM

PANELISTS

Dr. Ankur Sinha
Dr. George Puthuran
Dr. Mohideen Abdul Kader

S.No	Title	Duration (In Minutes)	Faculty Name
1	"Choosing the Right Tube: Ahmed, Baerveldt & Beyond" Comparing device designs, mechanisms of action, and indications for different patient profiles	09 Minutes	Dr. Ganesh V Raman
2	"Surgical Technique Pearls: Implantation & Positioning" Best practices for tube placement, plate fixation, and intraoperative troubleshooting	09 Minutes	Dr. Baskaran Mani
3	"Early Post Op Challenges: Hypotony, Hypertensive Phase & IOP Control" Recognizing and managing common complications in the first weeks after surgery	09 Minutes	Dr. Parivadhini A
4	"Long Term Outcomes: Bleb Morphology & Device Survival" Evaluating success rates, late complications, and strategies to extend tube longevity	09 Minutes	Dr. Maneesh Singh
5	"Rescue & Revision: When Tubes Fail" Approaches to tube exposure, blockage, erosion, and secondary interventions	09 Minutes	Dr. Manish Shantilal Shah
6	Discussion, Session Group Photo & Change Over Time	15 Minutes	



Myths, Facts, and the Future of Neuroprotection, Neurorecovery and IOP-Independent Factors

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall B

Timings 08:30 AM - 09:30 AM

Moderator

Dr. Mona Khurana

S.No	Topics	Duration (In Minutes)	Faculty Name
1	The Pressure Paradox -Why lowering IOP alone is Not Enough?	08 Minutes	Dr. Sujatha V K
2	Nicotinamide, GLP-1RA and More-Targeting the Retinal Ganglion Cell powerhouse	08 Minutes	Dr. Mona Khurana
3	Neuroprotection in Glaucoma- What's in the pipeline?	08 Minutes	Dr. Neethu Mohan
4	Neuroprotection in Glaucoma- Tread with Caution	08 Minutes	Dr. Maneesh Singh
5	Balancing Act -Managing Sleep Apnea and Vascular factors in Clinical Practice	08 Minutes	Dr. Shweta Tripathi
6	Panel Discussion	15 Minutes	



Boons And Banes Of Artificial Intelligence In Glaucoma

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall C

Timings 08:30 AM - 09:30 AM

Chair Person

Dr. Rathini David

Co-Chair Person

Dr. Vidya Wadke

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Glaucoma snapshot - AI in population screening	08 Minutes	Dr. Vidya Wadke
2	Less is more - AI noise in data entry and patient record keeping	08 Minutes	Dr. MANDABI SENGUPTA
3	Man vs Machine - AI in designing Glaucoma management protocols	08 Minutes	Dr. Abhishek Hitesh Shah
4	Your own spyglass - AI in detection and prediction of disease worsening	08 Minutes	Dr. Rathini David
5	Under the umbrella - Medico legal implications with AI	08 Minutes	Dr. Surajit Sen
6	Panel Discussion	15 Minutes	



Free Paper Finals

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall D

Timings 08:30 AM - 09:30 AM

JUDGES

Dr. Kirti Singh

Dr. Siddharth Dikshit

Dr. Sushmita Kaushik





Alcon Symposium

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall A

Timings 09:31 AM - 10:30 AM

PANELISTS

Dr. Manish Shantilal Shah
Dr. Rashmi Krishnamurthy
Dr. Suneeta Dubey

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Canalicular implantation procedure Step-by-Step guide : Surgical Pearls & Video-Based Learning	10 Minutes	Dr. Nitin Deshpande
	Canalicular Implantation procedure Step-by-Step guide : let's discuss	05 Minutes	
2	Outcome Matters - how's patient feeling - drop independency rate & effect on progression	10 Minutes	Dr. Suneeta Dubey
	Outcome Matters - how's patient feeling - let's talk about our patients	05 Minutes	
3	Features that excites you for canalicular implant	10 Minutes	Dr. Manish Shantilal Shah
	Features that excites you for canalicular implant - what do you like - discussion	05 Minutes	
4	Managing challenges - recognition , prevention & management with Canalicular Implant	10 Minutes	Dr. Shweta Tripathi
	Managing challenges - let me know how do you approach	05 Minutes	





YOSI Glaucoma Brigade: Leading the Future of Glaucoma Care

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall B

Timings 09:31 AM - 10:30 AM

PANELISTS

Dr. Sathyan Parthasarathi
Dr. Deven Tuli
Dr. Prasanna Venkatesh Ramesh
Dr. Arshi Singh
Dr. Varsha G Belamgi
Dr. Shivam Gupta
Dr. Anujeet Paul

S.No	Topics	Duration (In Minutes)	Faculty Name
1	YOSI - GIG : The Journey So Far	05 Minutes	Dr. Arshi Singh
2	Trust the Patient, Not Just the Printout: When Diagnostics Mislead	05 Minutes	Dr. Swetha K
3	Research & Publications: A Young Glaucoma Fellow's Guide	05 Minutes	Dr. Nimrita Gyanchand Nagdev
4	The Future is Genetic: Glaucoma Beyond IOP	05 Minutes	Dr. Madhavi Ramanatha Pillai
5	The Portable Revolution in Perimetry: Hype or Hope?	05 Minutes	Dr. Nidhi Tomar
6	Invasive in the Era of Minimally Invasive: Why Every Young Glaucoma Surgeon Must Master Trabeculectomy	05 Minutes	Dr. Techii Dodum Tara
7	Winning Patients, Not Just Pressures: The Conversation That Saves Sight	05 Minutes	Dr. Kavya Subramanian
8	Starting Your Glaucoma Practice: The Essentials	05 Minutes	Dr. Neha Midha
9	Discussion, Group Photo & Change over Time	20 Minutes	



Dreaded Complications of Glaucoma Surgeries: Prevention and Management Strategies

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall C

Timings 09:31 AM - 10:30 AM

Chair Person

Dr. Sushma Tejawani

Co-Chair Person

Dr. Meena Menon

Moderator

Dr. Kavitha Srinivasan

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Wipe Out Phenomenon- An overview	08 Minutes	Dr. Shalini Shalini
2	Fixing a Leaking Bleb	08 Minutes	Dr. Meena Menon
3	Bleb Failure- Rescue Measures	08 Minutes	Dr. Kavitha Srinivasan
4	Complications following Glaucoma Drainage Devices	08 Minutes	Dr. Sharmila R
5	MIGS Complications - How to manage effectively?	08 Minutes	Dr.Sushma Tejawani
6	Panel Discussion	15 Minutes	



Free Video Finals

Date 04 Oct 2026

Day 3 (Sunday)

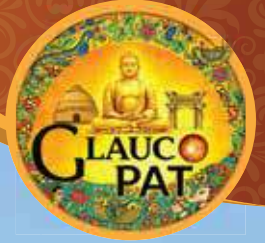
Hall Hall C

Timings 08:30 AM - 09:30 AM

JUDGES

Dr. Mohideen Abdul Kader
Dr. Nikhil Choudhari
Dr. Sathi Devi AV





Break - 10.31 AM To 10.45 AM



Troubleshooting MIGS: A Practical DIY Guide for Beginners

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall A

Timings 10:46 AM - 11:45 AM

Chair Person

Dr. Chitra Ramamurthy

Co-Chair Person

Dr. Muralidhar Rajamani

Moderator

Dr. Chitra Ramamurthy

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Navigating the Dark side of the Moon in Suture GATT	08 Minutes	Dr. Muralidhar Rajamani
2	Getting the Stent right and navigating difficult situations	08 Minutes	Dr. Chitra Ramamurthy
3	Getting the blood out of your way in MIGS	08 Minutes	Dr. Madhavi Ramanatha Pillai
4	ECP: Case Selection and Outcome Optimization	08 Minutes	Dr. Shikha Gupta
5	MIGS in Advanced Glaucoma and Failures	08 Minutes	Dr. Sushmita Kaushik
6	Panel Discussion	15 Minutes	



Thrive, Don't Just Survive: A Blueprint for the Modern Glaucoma Fellowship

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall B

Timings 10:46 AM - 11:45 AM

Chair Person

Dr. Devendra Maheshwari

Co-Chair Person

Dr. Saloni Goyal

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Structural and Functional Correlation in Glaucoma: OCT & Visual Fields Handbook	08 Minutes	Dr. Nidhi Tomar
2	My First Glaucoma Surgery: Mistakes, Modifications & Mastery	08 Minutes	Dr. Kavya Subramanian M. S.
3	The Right Time for MIGS: Readiness, Risk & Reality	08 Minutes	Dr. Shivam Gupta
4	Beyond Surgical Numbers: Building an Academic & Research Mindset	08 Minutes	Dr. Nimrita Gyanchand Nagdev
5	After Glaucoma Fellowship: Crafting Your Identity as a Specialist	08 Minutes	Dr. Arshi Singh
6	Panel Discussion	15 Minutes	



Glaucoma Crossfire: Debating Diagnostics, Drops, and Devices

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall C

Timings 10:46 AM - 11:45 AM

PANELISTS

Dr. Chandrima Paul
Dr. Shefali Parikh
Dr. Amit Porwal

S.No	Topics	Duration (In Minutes)	Faculty Name
1	"Universal Screening vs. Targeted High Risk Screening"	Each Title Is 10 Minutes. Each Topic For The Presenter Is 03 Minutes. Rebuttal - 90 Seconds. Judgement - 02 Minutes	Dr. Subashini Kaliaperumal
	1. Population wide glaucoma screening be implemented 2. Focusing only on high risk groups more effective		Dr. Siddharth Dikshit
2	"AI Driven Diagnostics vs. Traditional Clinical Judgment"		Dr. Rashmi Krishnamurthy
	1. Artificial intelligence replace clinician expertise in detecting progression 2. AI only remain as a supportive tool		Dr. Medha Prabhudesai
3	"Early Surgical Intervention vs. Stepwise Escalation"		Dr. Madhavi Ramanatha Pillai
	1. Better to operate earlier with MIGS/trabeculectomy 2. Continue escalating medical therapy first		Dr. Suresh Kumar Gupta



S.No	Topics	Duration (In Minutes)	Faculty Name
4	"Fixed Dose Combinations vs. Individualized Drop Regimens" 1. Fixed combinations improve adherence and outcomes 2. Tailoring separate drops remain superior	Each Title Is 10 Minutes. Each Topic For The Presenter Is	Dr. Neha Midha
			Dr. Meena Menon
5	"Global Standardization vs. Regional Customization of Protocols" 1. Glaucoma treatment guidelines be universally standardized 2. Adapted to local resources and patient populations	03 Minutes. Rebuttal - 90 Seconds. Judgement - 02 Minutes	Dr. Raveendra Tammineni
			Dr. Priti Kamdar





Rapid Fire Session 3

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall D

Timings 10:46 AM - 11:45 AM

JUDGES

Dr. Pranav Ranjan

Dr. Ravi Chandil

Dr. Trupti Patil

Abs. No	Title	Duration (In Minutes)	Presenting Author
FP4	When One Tube Isn't Enough: Double Glaucoma Drainage Devices in Refractory Glaucoma—Five-Eye Series	03 Minutes	Dr. Asmita Pradhan
FP5	Ahmed glaucoma drainage (AGV) implant effectiveness in Irido-corneal endothelial (ICE) syndrome.	03 Minutes	Dr. Ravi Kumar
FP8	Results of Selective Laser Trabeculoplasty in Primary Open angle glaucoma & Ocular Hypertension	03 Minutes	Dr. Ganesh Venkataraman
FP13	Real-World Efficacy and Safety of Triple Fixed-Dose Brimonidine, Timolol, Brinzolamide in Glaucoma	03 Minutes	Dr. Prasanna Venkatesh Ramesh
FP14	Audio-Visual Reminders, Voice Messages, or Counselling - What Improves Medication Adherence?	03 Minutes	Dr. Annamalai Odayappan
FP16	When glaucoma is not "only" glaucoma: Unravelling the neurological nexus	03 Minutes	Dr. Pavithra Pannerselvam
FP19	Laser Membranectomy-Evaluation as minimally Invasive solution in Uveitic Pupillary Block Glaucoma	03 Minutes	Dr. Rashmi Chandra



Abs. No	Title	Duration (In Minutes)	Presenting Author
FP20	Combined Trabeculotomy and Trabeculectomy vs Trabeculectomy Alone in JOAG”	03 Minutes	Dr. Rashmi Chandra
FP22	Compare anterior and posterior corneal surface elevation in POAG and healthy controls.	03 Minutes	Dr. Bhawesh Chandra Saha
FP25	Effect of AI- Based Role- Model Intervention on Medication Adherence in Glaucoma	03 Minutes	Dr. Kumari Sweta
FP26	Persistent Hyphema after Phaco-Trab in Uveitic Glaucoma: A Case Report with Management Insights	03 Minutes	Dr. Divya Kesarwani
FP37	Ocular Surface Parameters in Glaucoma Patients Receiving Preserved Vs Preservative-Free medications	03 Minutes	Dr. Dewang Angmo
FP40	TULIP -Therapeutic ultrasound in lowering intraocular pressure - A Non-invasive, Office-based Therapy for glaucoma	03 Minutes	Dr. Sharmila R
FP89	Clinical efficacy of Kahook Dual Blade goniotomy in Indian eyes	03 Minutes	Dr. Bindu S Ajith
FP95	Unconventional inflammatory markers in prognostication of Primary Open Angle Glaucoma.	03 Minutes	Dr. Sangeeta Abrol
FP97	Short term outcomes of microincisional trabeculectomy: A retrospective study	03 Minutes	Dr. Yatin Deelip Patil
FP113	Secondary Glaucoma: Role of Multispecialty Teamwork in Complex Case Management	03 Minutes	Dr. Monika Gupta
FP115	COMPARATIVE ANALYSIS OF CORNEAL STROMAL PERCENTAGE IN GLAUCOMA PATIENTS WITH THIN AND THICK CORNEA	03 Minutes	Dr. Priyasha Goel





SECONDARY CHILDHOOD GLAUCOMA - Current Practice

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall A

Timings 11:46 AM - 12:45 PM

Chair Person

Dr. Anil Kumar Mandal

Co-Chair Person

Dr. Ganesh Venkataraman

Moderator

Dr. Sushmita Kaushik

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Introduction to secondary glaucoma	03 Minutes	Dr. Anil Kumar Mandal
2	AR syndrome	05 Minutes	Dr. Anil Kumar Mandal
3	Sturge weber Syndrome	05 Minutes	Dr. Ganesh Venkataraman
4	Glaucoma following cataract surgery	05 Minutes	Dr. Neethu Mohan
5	Role of genetic screening in Secondary Glaucoma	05 Minutes	Dr. Sushmita Kaushik
6	Panel Discussion	15 Minutes	



Grey Zones in Glaucoma: Practical Decision-Making in Everyday Clinics

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall B

Timings 11:46 AM - 12:45 PM

Chair Person

Dr. Devendra Maheshwari

Co-Chair Person

Dr. Nimrita Gyanchand Nagdev

Moderator

Dr. Shivam Gupta

S.No	Topics	Duration (In Minutes)	Faculty Name
1	Risk vs overtreatment - The treatment threshold Dilemma	08 Minutes	Dr. Nidhi Tomar
2	OCT Vs Fields? -Resolving the Diagnostic Tug-of-War	08 Minutes	Dr. Shivam Gupta
3	PI versus Cataract/Lens extraction -Choose the right first step	08 Minutes	Dr. Techii Dodum Tara
4	Medical vs laser vs surgery - Navigate the treatment ladder	08 Minutes	Dr. Nimrita Gyanchand Nagdev
5	Trab vs MIGS vs Tube - Decode the surgical crossroads	08 Minutes	Dr. Madhavi Ramanatha Pillai
6	Panel Discussion	15 Minutes	



Ocular surface disease and Glaucoma - understanding and tackling the dual conundrum.

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall C

Timings 11:46 AM - 12:45 PM

S.No	Topics	Duration (In Minutes)	Faculty Name
1	OSD and Glaucoma - Exploring the clinical manifestations and the incognito impact	08 Minutes	Dr. Sujatha V K
2	Evaluating a patient with OSD and glaucoma - The crucial computation	08 Minutes	Dr. Trupti Patil
3	Newer treatment strategies for managing OSD in glaucoma patients-Target therapy	08 Minutes	Dr. Rathini David
4	Lasers in glaucoma -a promising dropless option	08 Minutes	Dr. Mona Khurana
5	Glaucoma surgery in eyes with OSD - Preoperative evaluation and challenges	08 Minutes	Dr. Parivadhini Annadurai
6	Panel Discussion	15 Minutes	



Rapid Fire Session 4

Date 04 Oct 2026

Day 3 (Sunday)

Hall Hall D

Timings 11:46 AM - 12:45 PM

JUDGES

Dr. Arshi Singh
Dr. Bibhuti Prassan Sinha
Dr. Tirupati Nath

Abs. No	Title	Duration (In Minutes)	Presenting Author
FP6	Changes in ocular biomechanics and agreement of IOP measurements following vitrectomy	03 Minutes	Dr. Subashini Kaliaperumal
FP24	Posterior segment pathologies in PACD	03 Minutes	Dr. Gazella Bruce Warjri
FP57	A Comparative Evaluation Of Phacoemulsification With Goniotomy & Trabeculectomy In Early Onset PACG	03 Minutes	Dr. Prannya Arora
FP84	Prevalence Spectrum and Management of Primary Angle Closure Disease in Tertiary Care Hospital	03 Minutes	Dr. Rachita Sarda
FP86	Intracameral Air Bubble in Trabeculectomy: Does it prevent early bleb leakage?	03 Minutes	Dr. Urvish Vashisht
FP92	Comparative Evaluation of Tanito Microhook Versus Kahook Dual Blade Trabeculotomy	03 Minutes	Dr. Bindu S Ajith
FP99	Glaucoma following MIVS for treatment -naive rhegmatogenous retinal detachment in adults	03 Minutes	Dr. Akanksha Sharma
FP102	Outcomes of Laser suturelysis with Hexagonal Lens after Trabeculectomy	03 Minutes	Dr. Amar Bhaskare
FP103	Standard Trabeculectomy Revisited: Refinements That Improve Outcomes	03 Minutes	Dr. Sumit Sachdeva



Abs. No	Title	Duration (In Minutes)	Presenting Author
FP105	Effect of glaucoma medication on lipid layer thickness in patients with newly diagnosed glaucoma	03 Minutes	Dr. Pradeep Balam
FP106	Awareness knowledge among paramedical staff about glaucoma surgeries – A questionnaire-based study	03 Minutes	Dr. Rakesh Shakya
FP109	Efficacy and Safety of SubCyclo laser in patients with Refractory Glaucoma	03 Minutes	Dr. Pradeep Balam
FP110	Glaucoma Drainage Devices: From Resistance to Redemption	03 Minutes	Dr. Sumit Sachdeva
FP114	Intensive IOP Monitoring to Assess Treatment Efficacy in Plateau Iris Configuration	03 Minutes	Dr. Subhashree Panda
FP116	Optic Nerve Head OCT Angiography in Glaucoma Phenotypes: Extension of Structure-vascular Correlates	03 Minutes	Dr. Ditsha Datta
FP117	Outcomes of Phaco-iStent inject W& Phaco-KDB in Open-Angle Glaucoma: A Prospective Pilot Study	03 Minutes	Dr. Drishti C
FP118	Primary versus Salvage GATT in Adult Glaucoma: A Retrospective Outcome Analysis	03 Minutes	Dr. Anchal Gera
FP119	A New Technique of Amniotic Membrane Graft-Augmented Trabeculectomy	03 Minutes	Dr. Siddharth Dikshit

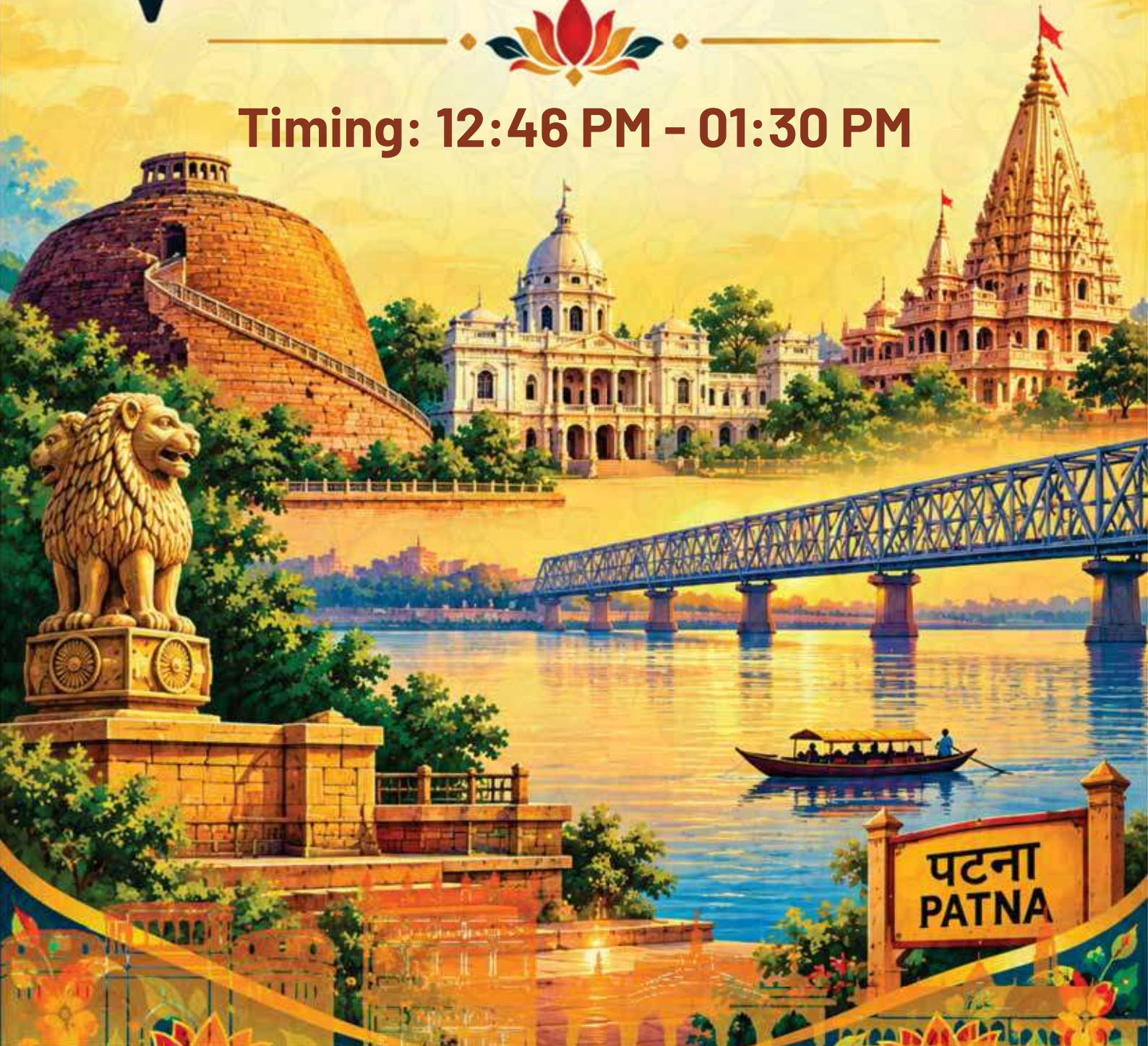




VALIDECTORY



Timing: 12:46 PM – 01:30 PM





Lunch - 01.45 PM Onwards

इस पैनल में अंग्रेजों के यहाँ आने ब्रिटिश साम्राज्य द्वारा भारतीय संसाधनों की लूट भारतीयों पर उनके द्वारा किये गये दमन और अत्याचार के विरोध में भारतीयों का हिंसक और अहिंसक प्रतिकार दर्शाया गया है।



Selected Abstracts Synopsis



ABSTRACTS



Dr. B. SRIDHAR RAO AWARD

ABSTRACT NO	FP65
TITLE	Glaucoma Screening in Cataract Patients Using Remidio Camera: Reducing Dependence on Ophthalmologists
CHIEF AUTHOR	Dr. Niyatee Uniyal
PRESENTING AUTHOR	Dr. Niyatee Uniyal
CO-AUTHOR(S)	Dr. Atanu Majumdar Dr. Shailendar Sabarwal Dr. Suneeta Dubey
SYNOPSIS	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 81.4 %, (95% CI: 56.7% to 83.4%), specificity 90.0% (95% CI: 83.3% to 90.2%), and overall accuracy 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.



ABSTRACTS



Dr. B. SRIDHAR RAO AWARD

ABSTRACT NO	FP69
TITLE	Ripcord Removal in Non-valved GDD: Long-Term Outcomes and Safety
CHIEF AUTHOR	Dr. Neha Yadav
PRESENTING AUTHOR	Dr. Neha Yadav
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	"Purpose: To evaluate outcomes of ripcord removal in non-valved glaucoma drainage devices. Methods: Retrospective analysis of 117 eyes (108 patients; mean age 27.6 ± 19.3 years) undergoing ripcord removal (AADI 62.4%, ACP 18.8%, PCI 17.9%). Outcomes included intraocular pressure (IOP), anti-glaucoma medications (AGM), complications, and surgical success over a median follow-up of 31.4 months. Results: Pre-removal IOP was 27.5 ± 7.9 mmHg on 4.05 ± 1.1 AGM. Post-removal, IOP reduced to 12.7 ± 6.3 mmHg (day 1) and 14.9 ± 4.9 mmHg at final follow-up, with AGM reduced to median 2 (0–3) ($p < 0.001$). Hypertensive phase occurred in 35% at a median of 15 (8–29) days. Complications occurred in 6.0%. Success was achieved in 86.3% (complete 31.6%, qualified 54.7%); failure in 13.7%. Additional procedures were needed in 7.7%. Visual acuity remained stable ($p = 0.38$). Conclusion: Ripcord removal provides significant, sustained IOP reduction with acceptable safety and high success rates."





ABSTRACTS



Dr. B. SRIDHAR RAO AWARD

ABSTRACT NO	FP112
TITLE	Outcomes of Internal Bleb Revision in post trabeculectomy eyes: A retrospective study
CHIEF AUTHOR	Dr. Priya Gupta
PRESENTING AUTHOR	Dr. Priya Gupta
CO-AUTHOR(S)	Dr. Rengaraj Venkatesh Dr. Swati Upadhyaya
SYNOPSIS	Purpose: To evaluate the effectiveness of Internal Bleb Revision (IBR) in post trabeculectomy eyes with failing bleb. Methods: Retrospective electronic medical records were analysed for all eyes with prior trabeculectomy who underwent internal bleb revision using Grover spatula. Results: 27 eyes of 26 patients were analysed. The mean age of participants was 59.8 ± 8.82 years. Mean duration of the follow up was 17.85 ± 12.65 months. Preoperatively, the mean IOP was 25.23 ± 8.86 mm Hg and the antiglaucoma medications (AGM) were 2.96 ± 1.22. Postoperatively IOP reduced to 17.08 ± 6.29 mm Hg ($p = 0.0010$) and AGM to 1.30 ± 1.44 ($p = 0.0002$) respectively. Conclusions: Internal Bleb Revision (IBR) is a safe, effective, and minimally invasive intervention for managing failed trabeculectomy blebs."



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP1
TITLE	Agreement of IOP after Laser Vision Correction (LVC): Comparison of GAT, ORA, and RT
CHIEF AUTHOR	Dr. Subashini Kaliaperumal
PRESENTING AUTHOR	Dr. Subashini Kaliaperumal
CO-AUTHOR(S)	Dr. Subashini Kaliaperumal Dr. Keerthana R
SYNOPSIS	Purpose: To evaluate IOP changes following LVC and to assess agreement between GAT, ORA; IOPg and IOPcc, and RT. Methods: Ninety-five eyes undergoing LASIK or transepithelial PRK were evaluated preoperatively and up to 3 months postoperatively. IOP measurements were obtained using GAT, ORA, and RT. Agreement between devices was assessed by intraclass correlation coefficients (ICC) and Bland–Altman analysis. Results: IOPcc demonstrated no significant postoperative change, whereas GAT showed significant underestimation at 3 months ($p=0.002$). Agreement between IOPcc and GAT was moderate at 1 month ($ICC=0.626$) and decreased at 3 months ($ICC=0.462$). RT showed lesser agreement with GAT ($ICC=0.609$ and 0.364 at 1 and 3 months respectively). GAT underestimated IOP ($p=0.002$), correlating with CCT reduction ($r=0.413$, $\beta=0.05$, $R^2=0.170$), with an approximate decrease of 0.5 mmHg per 10 μm reduction in CCT. Conclusion: IOPcc appears less affected and may better reflect postoperative IOP.





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP3
TITLE	Demographic profile, clinical spectrum, and severity of secondary glaucoma at a tertiary care center
CHIEF AUTHOR	Dr. Saroj Gupta
PRESENTING AUTHOR	Dr. Saroj Gupta
CO-AUTHOR(S)	Dr. Priti Singh Dr. Radhika Agarwal Dr. Samendra Karkhur
SYNOPSIS	A hospital-based cross-sectional study was conducted over 18 months and included 116 patients (147 eyes) diagnosed with secondary glaucoma. Detailed demographic data, ocular and systemic history, previous ocular surgeries, trauma, steroid use, and family history of glaucoma were recorded. All patients underwent comprehensive ocular examination. Neovascular glaucoma (22.4%) was the most common etiology, followed by steroid-induced (14.3%), lens-induced (12.9%), pseudoexfoliation (10.2%), and traumatic glaucoma (10.2%). Nearly half of the eyes (49.7%) were blind at presentation (BCVA <3/60). Mean IOP was 30.83 ± 13.93 mmHg. Open angles were seen in 53.7%, while 36.1% had closed angles. Advanced glaucoma was noted in 39.5% of eyes. Secondary glaucoma commonly presents at advanced stages with poor visual outcomes. The high prevalence of neovascular and steroid-induced glaucoma highlights the need for early detection and judicious steroid use to reduce preventable blindness.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP7
TITLE	Optimal Dimension of Peripheral Iridotomy for Anatomical Efficacy in Primary Angle Closure Disease.
CHIEF AUTHOR	Dr. Ganesh Venkataraman
PRESENTING AUTHOR	Dr. Ganesh Venkataraman
CO-AUTHOR(S)	Dr. Ganesh Venkataraman Dr. Ludovico Alisi Dr. Mrunali Dhavalikar Dr. Premanand Chandran
SYNOPSIS	"To determine the optimal functional size of laser peripheral iridotomy (LPI) associated with improvement in AS-OCT parameters. Methods: This retrospective cohort study included 109 phakic eyes from 62 patients with PACD. All patients underwent a single LPI. Parameters of AC (including anterior chamber volume [ACV] and area [ACA]) and iridotomy dimensions (superficial and narrow areas) were measured using AS-OCT OCT at baseline and 1 week. Results: The LPI resulted in increases in ACA (+7.54°), ACV (+11.09 cu mm) at 1 week ($p < 0.001$). LMMs revealed a significant positive association between iridotomy size at 1 week and ΔACV ($\beta = 3.37$ per 0.1 square mm, $p < 0.001$) & ΔACA ($\beta = 2.51$ per 0.1 square mm, $p = 0.006$). ROC analysis identified optimal superficial area cutoffs for volumetric success (0.14 square mm) and angular success (0.12 square mm). Conclusions: The study suggests clinically practical targets for the superficial LPI area of approximately 0.12–0.14 sq mm to maximize anatomical success. "



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP18
TITLE	Barriers to follow-up and utilization of vision centers in patients with open-angle glaucoma
CHIEF AUTHOR	Dr. Annamalai Odayappan
PRESENTING AUTHOR	Dr. Annamalai Odayappan
CO-AUTHOR(S)	Dr. Kavitha Srinivasan Dr. Krishna Chaitanya. G. P Dr. Rengaraj Venkatesh
SYNOPSIS	This retrospective case–control study with a telephonic survey evaluated factors linked to poor follow-up in newly diagnosed open-angle glaucoma patients in South India. Cases (≥ 3-month delay in follow-up visit) were compared with controls using a telephonic survey assessing glaucoma knowledge (NEI Eye-Q), barriers, doctor–patient relationship, and vision center awareness. Among 300 patients (200 cases, 100 controls), the poor follow-up group had more women (44% vs 27%, $p=0.004$), and lower education (37% vs 20% uneducated). Glaucoma recall was lower (72.5% vs 88%, $p=0.002$), and knowledge was consistently poor among cases. Travel distance (35%) and systemic illness limiting travel (20.5%) were key barriers; more cases required escorts (71.5% vs 60%, $p=0.004$). Vision center awareness was similar in both groups. Poor follow-up is linked to modifiable factors, especially knowledge gaps and logistical challenges, highlighting the role of patient education and decentralized care.



ABSTRACTS

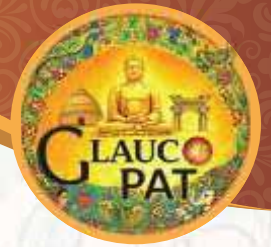


FREE PAPER

ABSTRACT NO	FP23
TITLE	Ahmed Implants Compared: Does Clear Path Outperform the Valve at One Year?
CHIEF AUTHOR	Dr. Avik Roy
PRESENTING AUTHOR	Dr. Avik Roy
CO-AUTHOR(S)	Dr. Asmita Pradhan Dr. Mayank Rai
SYNOPSIS	"Aim of the study: To compare the efficacy of Ahmed Glaucoma Valve (AGV) and Ahmed Clear Path (ACP) over one year. Methods: This single-surgeon, retrospective comparative study included consecutive patients undergoing AGV or ACP implantation from September 2023 at a tertiary eye care center in eastern India, with a minimum follow-up of one year. Key outcomes included intraocular pressure (IOP) reduction and anti-glaucoma medication (AGM) requirement. Results: Forty eyes (20 AGV, 20 ACP) were analyzed. Both devices achieved significant IOP reduction (AGV: 38.7 ± 9.1 to 16.7 ± 10.6 mmHg; ACP: 28.9 ± 8.6 to 13.4 ± 4.8 mmHg; $p < 0.001$) and decreased AGM use (AGV: 3.8 ± 0.7 to 1.9 ± 1.3; ACP: 3.65 ± 0.9 to 0.95 ± 1.2; $p < 0.001$). At one year, ACP demonstrated relatively lower mean IOP ($p = 0.05$) and reduced AGM burden ($p = 0.03$). Conclusion: Both implants provide quite effective long-term IOP control; however, ACP may offer an advantage in reducing medication burden, particularly in AGM-intolerant patients."



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP23
TITLE	Ahmed Implants Compared: Does Clear Path Outperform the Valve at One Year?
CHIEF AUTHOR	Dr. Avik Roy
PRESENTING AUTHOR	Dr. Avik Roy
CO-AUTHOR(S)	Dr. Asmita Pradhan Dr. Mayank Rai
SYNOPSIS	"Aim of the study: To compare the efficacy of Ahmed Glaucoma Valve (AGV) and Ahmed Clear Path (ACP) over one year. Methods: This single-surgeon, retrospective comparative study included consecutive patients undergoing AGV or ACP implantation from September 2023 at a tertiary eye care center in eastern India, with a minimum follow-up of one year. Key outcomes included intraocular pressure (IOP) reduction and anti-glaucoma medication (AGM) requirement. Results: Forty eyes (20 AGV, 20 ACP) were analyzed. Both devices achieved significant IOP reduction (AGV: 38.7 ± 9.1 to 16.7 ± 10.6 mmHg; ACP: 28.9 ± 8.6 to 13.4 ± 4.8 mmHg; $p < 0.001$) and decreased AGM use (AGV: 3.8 ± 0.7 to 1.9 ± 1.3; ACP: 3.65 ± 0.9 to 0.95 ± 1.2; $p < 0.001$). At one year, ACP demonstrated relatively lower mean IOP ($p = 0.05$) and reduced AGM burden ($p = 0.03$). Conclusion: Both implants provide quite effective long-term IOP control; however, ACP may offer an advantage in reducing medication burden, particularly in AGM-intolerant patients."





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP33
TITLE	Two Faces of Ocular Crowding: A Biometric Comparison of Nanophthalmos and PACD"
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	Dr. A Vijayalakshmi
SYNOPSIS	"Purpose: To compare ocular biometric parameters between nanophthalmos and primary angle closure disease (PACD). Methods: Cross-sectional study of 144 eyes (58 nanophthalmos, 86 PACD) using IOL Master, ASOCT, and B-scan. Parameters included axial length(AL), anterior chamber depth(ACD), anterior chamber angle(ACA), angle opening distance, lens vault(LV), lens thickness(LT), lens axial factor, relative lens position(RLP) and retinochoroido-scleral(RCS) thickness. Results: Nanophthalmic eyes had shorter AL (19.9 mm), shallower ACD, and narrower ACA (20.5° vs 26°) than PACD. They also showed higher LV and RCS thickness (2.0 vs 1.5 mm). LT and CCT were comparable, while RLP remained normal despite marked crowding ($p < 0.05$). Conclusion: Nanophthalmos represents a more anatomically crowded and complex entity than PACD, requiring careful differentiation for appropriate risk stratification and management."





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP39
TITLE	Management outcome of post TrabChoroidal detachment with Air-Visco-Air injection
CHIEF AUTHOR	Dr. Bhagabat Nayak
PRESENTING AUTHOR	Dr. Bhagabat Nayak
CO-AUTHOR(S)	Dr. Anita Shankla Dr. Bijnya Panda Dr. Jayadev Nanda
SYNOPSIS	"Aim of study: To see the management outcome of post Trabhypotony and Choroidal detachment (CD) with Air-Visco-Air (A-V-A) injection. Material & Methods -The study was done from Jan 2024 to April 2026. The post-Trab patients with hypotony with CD were taken. Group-1 was given oral steroids only along with standard topical treatment. Group 2 received immediate anterior chamber formation with A-V-A injection, along with the treatment given in Group 1. Results: Out of 16 patients with post-Trabhypotony with CD, 8 were treated with oral steroids. 8 were injected with A-V-A. The Group 2 with A-V-A injection had a faster recovery of IOP and vision in comparison to the second group. Two from Group 1 further required A-V-A after 10 days of no response. 1 from Group-1, had poor vision with macular striae due to persistent low IOP for a long period Conclusion: Immediate AC reformation with the A-V-A method has an earlier and better visual rehabilitation than conservative management alone."





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP41
TITLE	"Small Tube, Big Impact: Early Clinical Experience with ACP ST 250"
CHIEF AUTHOR	Dr. Vardhineedi Satya Amrita
PRESENTING AUTHOR	Dr. Vardhineedi Satya Amrita
CO-AUTHOR(S)	Dr. Gowri.J. Murthy Dr. Meghana R Hiremath Dr. Priyanka Sudhakar
SYNOPSIS	Ahmed Clear Path ST 250 is a novel GDD. This paper evaluates its clinical outcomes in refractory glaucoma. Prospective interventional case series of 20 eyes for 5 months at 2 centers. Outcome measures: Reduction in IOP, Medication burden, BCVA. Mean follow up period: 9.6 weeks (0.5-19). Mean Pre & Postop IOP: 29.45+/-9.33mmHg & 15.45+/-5.61mmHg, with average reduction of 14mmhg (5 -30) ($P<0.0001$). Mean number of antiglaucoma medications reduced from Preop 3.80+/-1.32 to Postop 0.8+/-0.95, on an average 4 drugs to <1 drug($P=0.0001$). BCVA ranged from 1.02+/-1.00 Preop to 1.01+/-1.01 Postop ($P=0.5754$). No significant complications, except self-limiting hypotony, and choroidals noted in 1 eye. 6 eyes needed Supramid suture removal following which mean IOP reduction of 9.8 (1-22 mmHg) was noted. Complete success was achieved in 50% eyes, qualified success in 35%, failure in 15%. ACP ST 250 is a safe device for effective IOP control, reshaping the trajectory of refractory glaucoma management.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP47
TITLE	Intervention and Outcomes following Aqueous misdirection: A Retrospective Analysis
CHIEF AUTHOR	Dr. Usha Tejaswini S
PRESENTING AUTHOR	Dr. Usha Tejaswini S
CO-AUTHOR(S)	Dr. Annamalai Odayappan Dr. Kavitha Srinivasan Dr. Rengaraj Venkatesh
SYNOPSIS	"Aim: To analyze predisposing surgeries and outcomes following aqueous misdirection(AM) Methods: Retrospective analysis of 109 eyes with AM. Demographic profile, precursor surgeries, time to onset, management strategies, anatomical and functional outcomes evaluated Results: Mean age was 67.7 ± 10.6 years with female predominance, 54.1% of them had glaucoma, PACG (38.98%) was commonest followed by PACS (18.64%). Predisposing surgery was cataract surgery in 77.98%, followed by combined procedures (12.84%), trabeculectomy (4.59%). 40% cases occurred within 4 weeks of surgery. Pars planavitrectomy was performed in 55.96% of eyes, while 44.04% were managed medically. Adjunctive procedures included YAG hyaloidotomy & cyclophotocoagulation. Median IOP reduced from 36 mmHg to 15 mmHg at final follow-up ($p < 0.001$). Conclusion: Pre-existing angle closure and cataract surgery in these eyes predisposed to AM. First 4 weeks of follow up is crucial for early diagnosis and prompt intervention."



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP48
TITLE	Selective Laser Therapy for Cyclodialysis Cleft Repair: Novel role of Double Frequency Nd:YAG Laser
CHIEF AUTHOR	Dr. FAISAL T T
PRESENTING AUTHOR	Dr. Akanksha Sharma
CO-AUTHOR(S)	Dr. ASHOK KUMAR SINGH Dr. FAISAL T T Dr. Surinder S Pandav
SYNOPSIS	"Purpose: Cyclodialysis cleft is a rare cause of ocular hypotony, usually treated with medical, laser or surgical methods. We evaluated gonioscopy-assisted double-frequency Nd:YAG laser, commonly used for selective laser trabeculoplasty, for functional cleft closure. Methods: Three patients (2 post-traumatic, 1 post bent ab-interno needle goniotomy) with persistent cyclodialysis cleft and hypotonic maculopathy despite prolonged medical therapy underwent targeted laser treatment. Applications were delivered to the cleft margins to induce localized inflammation, scarring, and closure. Results: Mean laser energy was 1.1 mJ with an average of 165 spots. All eyes achieved successful cleft closure with restoration of IOP and resolution of hypotony-related changes within 1 month. Visual acuity improved significantly. Conclusion: Gonioscopy-assisted double-frequency Nd:YAG laser appears to be a safe, non-invasive, and effective option for cyclodialysis cleft repair."





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP54
TITLE	Impact of topical steroids on conjunctival histopathological profile and trabeculectomy outcomes
CHIEF AUTHOR	Dr. Kirti Singh
PRESENTING AUTHOR	Dr. Kirti Singh
CO-AUTHOR(S)	Dr. Arshi Singh
SYNOPSIS	Purpose: Impact of topical corticosteroids on conjunctival inflammation and its correlation with trabeculectomy outcomes Methods: 60 eyes undergoing trabeculectomy were divided into: Study group (topical Loteprednol drops added to AGMs for 2 weeks) and Control group (AGMs alone used). Immunohistochemical analysis (CD3, CD68, CD117, Smooth muscle actin, PAS) for conjunctival biopsy was done and correlated with trabeculectomy outcomes at 1 year. Results: Preoperative steroids reduced T-lymphocytes, macrophages, mast cells and improved goblet cell density ($p < 0.05$). IOP control at 1 year was better at 15.33 ± 2.94 mm Hg in study vs $14.27 \pm 16.1 \pm 2.97$ in control. Bleb walls (on ASOCT) thicker in study group (0.15 ± 0.05 mm vs. 0.11 ± 0.03 mm, $p = 0.001$). Outcomes correlated positively with goblet cell density, negatively with macrophages & activated fibroblasts. Conclusion: Preoperative steroids reduce conjunctival inflammation, preserve goblet cells, improve trabeculectomy outcome.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP56
TITLE	Comparative Evaluation of Nanodropper-mediated Microdrops vs. Conventional Drops of Proparacaine
CHIEF AUTHOR	Dr. Indira Durai
PRESENTING AUTHOR	Dr. Indira Durai
CO-AUTHOR(S)	Dr. Annamalai Odayappan Dr. George Puthuran Dr. Usha Tejaswini S
SYNOPSIS	Topical anaesthetics such as Proparacaine are safe for short glaucoma outpatient procedures; however, conventional drops (30–60 μl) exceed tear film capacity (7–10 μl), leading to excess drainage, possible systemic absorption or local irritation and repeated use may cause corneal toxicity. Microdosing (10–15 μl) may reduce systemic exposure, ocular toxicity, and drug wastage in high-volume settings. We evaluated whether microdrops of proparacaine provide non-inferior topical anaesthesia compared to conventional drops. In this randomized study, 720 patients from two centers received either Nanodropper-mediated microdrops or standard drops. Anaesthesia was assessed using conjunctival pinch tests on a Likert scale. The mean participant age was 54.4 ± 9.4 years. No significant difference in pain perception was observed at 30 seconds ($p=0.117$) or 2 minutes ($p=0.228$). At 5 minutes, more patients in the microdrop group reported pain (28% vs. 12.3%, $p<0.001$), indicating comparable early efficacy.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP59
TITLE	Corneal Biomechanics and the risk of Visual Field Progression in Open-angle Glaucoma using Corvis ST
CHIEF AUTHOR	Dr. Zia Sultan Pradhan
PRESENTING AUTHOR	Dr. Neha Arora
CO-AUTHOR(S)	Dr. Harsha Rao Dr. Sathi Devi AV
SYNOPSIS	The aim was to evaluate the association between corneal biomechanics and progressive visual field (VF) loss in open-angle glaucoma (OAG) using Corvis ST. In this prospective, longitudinal study, 70 eyes of 38 OAG patients who underwent a baseline Corvis ST and followed up for a minimum of 3 years with at least 5 reliable VFs were included. Progression was determined by the rate of change of mean deviation (MD) over time (MD Slope). Effect of demographic, clinical (intraocular pressure IOP, corneal pachymetry) and baseline Corvis parameters on MD slope were analyzed using linear mixed models. Results showed Mean MD slope was -0.96 ± 0.2 dB/year, $p < 0.001$. On multivariate analysis, eyes with greater IOP fluctuation (co-efficient -0.11 ± 0.04, $p = 0.003$), higher maximum IOP (-0.02 ± 0.01, $p = 0.03$) and lower peak distance on Corvis ST (0.10 ± 0.05, $p = 0.06$) were associated with a faster MD decline. Hence, higher IOP and weaker corneal biomechanics are risk factors for progression in OAG.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP62
TITLE	Prospective analysis of trabecular meshwork morphological changes following BANG using ASOCT
CHIEF AUTHOR	Dr. Nitika Beri
PRESENTING AUTHOR	Dr. Nitika Beri
CO-AUTHOR(S)	Dr. Dewang Angmo Dr. Kathyayani Dr. Tanuj Dada
SYNOPSIS	This study evaluated the morphological changes of trabecular meshwork over time using ASOCT. A prospective study included BANG with cataract surgery patients. ASOCT was performed & in-built callipers measured maximum cleft opening distance (COD) at 3, 6 & 12 months (M) at consistent degrees. Changes in COD over time, correlation with IOP, and scarring patterns were analysed. A total of 33eyes were included[age 57.71 ± 6.39 years;25 males,8 females].Median COD at 3, 6, and 12M was 0.124 mm(0.099–0.149),0.107 mm(0.078–0.1645), and 0.105 mm(0.079–0.120), respectively. COD decreased by 24% from 3–12M ($P=0.039$), 17% from 3–6M ($P=0.053$), & 16% from 6–12M ($P=0.127$). No significant correlation found between IOP & COD($r=0.370$; $P=0.194$).Open saucer scarring seen in 93%, & closed saucer in 7% of patients. A significant decrease in COD was observed 12M post-BANG, suggesting gradual fibrotic closure of the goniotomy. This highlights the need for therapies to modulate wound healing after trabecular MIGS



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP73
TITLE	Clinical Profile and Outcomes of Glaucoma in Eyes with Biallelic LTBP2-Associated EctopiaLentis
CHIEF AUTHOR	Dr. Sushma Tulava
PRESENTING AUTHOR	Dr. Sushma Tulava
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	To evaluate clinical characteristics, management, and outcomes of glaucoma in children with LTBP2-associated ectopialentis. A retrospective review of 26 children (52 eyes) with genetically confirmed disease. Data included refractive error, axial length, IOP, and ocular findings. Median age at presentation was 3 years, follow-up 3.2 years; consanguinity in 21(80%). Lens subluxation (29 eyes) was most common, universal iridodonesis. Lensectomy was performed in 48 eyes; 2 combined with glaucoma surgery. Retinal pathology occurred in 21 eyes (12 RD, 7 lattice degeneration, 2 suprachoroidalhemorrhage). Glaucoma developed in 44 eyes at median 4.07 years; 27 were managed medically; 15 required surgery. IOP remained stable, medications increased significantly. Surgical success was 73% complete and 100% qualified. 11 eyes had poor outcomes due to RD and advanced glaucoma. LTBP2-associated ectopialentis carries high risk of glaucoma, retinal complications, requiring early comprehensive care.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP80
TITLE	Tube ligation in Ahmed Glaucoma valve - Does it affects valve function?
CHIEF AUTHOR	Dr. Urvish Vashisht
PRESENTING AUTHOR	Dr. Urvish Vashisht
CO-AUTHOR(S)	Dr. Astha Vaghasia Patolia
SYNOPSIS	Purpose: To evaluate whether temporary tube ligation alters function of valve leaflets in Ahmed Glaucoma Valve (AGV). Methods: Prospective interventional study of 10 eyes undergoing AGV implantation with absorbable ligation. IOP was monitored up to 12 weeks. Results: Mean preoperative IOP was 26.4 mmHg, reducing to 15.3 mmHg on day 1. During ligation, IOP remained controlled. Following expected ligature dissolution (3–6 weeks), IOP showed a further gradual reduction to 10–12 mmHg, without abrupt changes. At 8–12 weeks, IOP remained stable (11–16 mmHg). No evidence of persistent overfiltration or flow restriction was observed. Conclusion: Temporary ligation does not adversely affect AGV valve function. The pattern of controlled IOP during ligation followed by gradual reduction after release suggests preserved and responsive valve leaflets.





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP82
TITLE	Ahmed ClearPath in Refractory Glaucoma: 6-Month Outcomes from a North Indian Tertiary Centre
CHIEF AUTHOR	Dr. Rinkal Goyal
PRESENTING AUTHOR	Dr. Rinkal Goyal
CO-AUTHOR(S)	Dr. Dixit Soni Dr. Ritika Singh Dr. Suneeta Dubey
SYNOPSIS	To evaluate the clinical outcomes and safety of the Ahmed ClearPath (ACP) glaucoma drainage device in refractory glaucoma at a tertiary centre. We retrospectively analysed 36 eyes implanted with ACP between 2023 and 2025. Demographics, glaucoma subtype, implant location, intraocular pressure (IOP), antiglaucoma medication (AGM) burden and complications were assessed. Mean age was 50 yrs (range 2–81); 71% pseudophakic, 18% phakic, 11% aphakic. Primary and secondary glaucomas were nearly equally distributed; superotemporal quadrant was the preferred site. Mean IOP reduced from 23.3 to 12.2 mmHg at 6 months (–47.5%) and AGM from 4.3 to 1.1 (–74%). Complications: 5 serous choroidal detachments resolved with anterior chamber reformation and one hypotony maculopathy managed conservatively; ripcord removal was done in 8/36 eyes by 6 months. No visually threatening complications occurred. ACP is a safe and effective device achieving substantial IOP and AGM reduction in refractory glaucoma.





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP83
TITLE	Autologous Serum Eye Drops for Anti-Glaucoma Medications induced Toxic Corneal Epitheliopathy
CHIEF AUTHOR	Dr. Gowri Pratinia Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinia Kolipaka
CO-AUTHOR(S)	Dr. Sirisha Senthil Dr. Swati Singh
SYNOPSIS	To evaluate efficacy of adjunctive autologous serum eye drops (ASEDs) in anti-glaucoma medication (AGM) induced toxic corneal epitheliopathy (TCE) This retrospective study included 41 eyes of 27 patients with AGM-induced TCE. Median AGM exposure was 10 years. 20% ASEds, 4 times daily were given with individualized glaucoma management. Best-corrected visual acuity (BCVA); intraocular pressure (IOP), symptom improvement were noted at 1, 3, and 6 months. Median BCVA improved from 0.8 logMAR at initiation of ASEds to 0.6 at 1 month ($p=0.25$), 0.48 at 3 & 6 months ($p<0.001$). IOP was stable throughout follow-up ($p>0.05$). All patients reported symptomatic improvement with better tolerance to ongoing therapy. During follow-up, 56% eyes continued topical/oral therapy, and 22% underwent glaucoma surgery. ASEds improve visual function and ocular surface symptoms in refractory AGM-induced TCE while maintaining IOP stability. By restoring ocular surface integrity, they enhance tolerance to glaucoma therapy





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP91
TITLE	Ocular Surface Underlooked: Impact of Glaucoma Drops on Meibomian Glands in Newly Diagnosed Patients
CHIEF AUTHOR	Dr. Shalini
PRESENTING AUTHOR	Dr. Shalini
CO-AUTHOR(S)	Dr. Pallavi Joshi Dr. Manisha Dhoot Dr. Meena Menon
SYNOPSIS	To evaluate changes in Meibomian gland (MG) morphology and function after initiation of topical antiglaucoma medications (AGM) and its impact on ocular surface status and quality of life in newly diagnosed glaucoma patients. Sixty eyes were prospectively evaluated at baseline, 1, 3 and 6 months. MG assessment included Lipi View imaging, meibum expressibility (MGD workshop criteria) and Oxford staining. Tear film status assessed using Schirmer's test and tear breakup time (TBUT). Ocular surface disease index (OSDI) measured symptom burden. MG dropout increased to 5% at 6 months. Significant worsening in meibum quality, expressibility, staining scores and MGD staging was observed at 6 months ($p < 0.001$). TBUT, Schirmer's and OSDI scores declined from 3 months, worsening at 6 months. Multidrug therapy showed greater dysfunction. AGM is associated with progressive MG dysfunction and ocular surface deterioration especially with multi-therapy, necessitating early monitoring to improve tolerance and quality of life.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP93
TITLE	AADI-250 in Refractory Glaucoma: Efficacy, Safety, and Survival Outcomes
CHIEF AUTHOR	Dr. Vijayalakshmi A
PRESENTING AUTHOR	Dr. Niharika Chaurasia
CO-AUTHOR(S)	Dr. George Puthuran
SYNOPSIS	Purpose: To evaluate the efficacy, safety, and survival outcomes of AADI-250 in refractory glaucoma. Methods: Prospective interventional study of 32 eyes with refractory glaucoma undergoing AADI-250 implantation. Outcomes included IOP, AGM, and surgical success. Longitudinal changes were analysed using linear mixed-effects models, while Kaplan–Meier survival analysis and Cox regression identified predictors of failure. Results: Mean IOP reduced significantly from 36.38 ± 8.26 mmHg at baseline to 16.38 ± 4.96 mmHg at 12 months ($p < 0.001$), with a significant reduction in AGM ($p < 0.001$). Overall success was 86.2% and 89.3% by two predefined criteria, with cumulative survival of ~56–60% at 12 months. Complications were infrequent and manageable. Increasing age independently predicted surgical failure ($p < 0.01$). Conclusion: AADI-250 achieves sustained IOP reduction with a favourable safety profile, supporting its role as an effective surgical option in refractory glaucoma.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP96
TITLE	Short term Comparative Outcomes of AADI 250 mm ² versus AADI 350 mm ² in Refractory Glaucoma
CHIEF AUTHOR	Dr. Chitransha Jaluthariya
PRESENTING AUTHOR	Dr. Chitransha Jaluthariya
CO-AUTHOR(S)	Dr. Faisal T T Dr. Surinder S Pandav
SYNOPSIS	To compare short-term outcomes of AADI 250 mm² versus AADI 350 mm² in refractory glaucoma. Retrospective comparison of AADI 250 (group 1) and AADI 350. Outcomes included mean IOP and AGM reduction at 6 months. Complete success: IOP 6–21 mmHg without AGM; qualified success: IOP 6–21 mmHg with AGM. Complications were recorded. 48 eyes (24 AADI 250, 24 AADI 350). Baseline IOP (26.8 ± 9.57 vs 31.24 ± 11.69 mmHg; $p=0.13$) and AGM (5.24 ± 1.13 vs 4.79 ± 1.47; $p=0.21$) were comparable. Both groups showed significant reduction ($p<0.05$). At 6 months, IOP (14.96 ± 2.01 vs 14.83 ± 7.12; $p=0.93$) and AGM (1.88 ± 0.88 vs 1.96 ± 1.37; $p=0.81$) were comparable. Complete success was higher in AADI 350 (25% vs 8.6%; $p=0.24$), while qualified success was higher in AADI 250 (91.3% vs 62.5%; $p=0.02$). Overall success was comparable (100% vs 87.5%; $p=0.23$). Complications were similar (28% vs 26.7%; $p=0.90$). Both devices are effective with comparable overall success; AADI 350 offers greater medication-free control but higher complication risk.



ABSTRACTS



FREE PAPER

ABSTRACT NO	FP98
TITLE	Accuracy of IOP Measurement Using Re-used Ethylene Oxide-Sterilized and New iCare Probes
CHIEF AUTHOR	Dr. Niya Babu
PRESENTING AUTHOR	Dr. NiyaBabu
CO-AUTHOR(S)	Dr. Neethu Mohan
SYNOPSIS	Aim: Compare the accuracy of IOP measurements by reused, ethylene oxide (ETO) sterilized iCare probes and new iCare probes up to 90 cycles of ETO sterilisation. Prospective comparative study conducted at tertiary eye care hospital in South India. 78 consecutive patients each were recruited on Days 0, 30, 60, 90 of ETO cycle of iCare probes. Participants underwent IOP measurement for both eyes using new iCare probe, reused ETO sterilized probe and Goldman Applanation Tonometry (GAT). Reused iCare probes and new probes showed excellent correlation with Intra class correlation (ICC) (95% confidence interval) of 0.95(0.93-0.96), 0.95(0.93-0.96) and 0.97(0.95-0.97) on days 30, 60, 90 of ETO cycle respectively. Reused probes and GAT showed good reliability at 30 and 60 days, and excellent reliability at 90 days (ICC-91%). Central Corneal thickness didn't affect correlation between IOP measurements. ETO sterilized, reused iCare probes had comparable accuracy to new iCare probes up to 90 cycles of sterilization.





ABSTRACTS



FREE PAPER

ABSTRACT NO	FP108
TITLE	Title: Elevated Prevalence of Glaucoma in Severe Obstructive Sleep Apnea
CHIEF AUTHOR	Dr. Preeti Gupta
PRESENTING AUTHOR	Dr. Preeti Gupta
CO-AUTHOR(S)	Dr. Hemant Kumar Dr. Prolima Thacker
SYNOPSIS	To determine the prevalence of glaucoma in patients with severe obstructive sleep apnea and to examine its association with nocturnal hypoxemia. In this cross-sectional study, patients with severe OSA (AHI ≥ 30 events/hour) on polysomnography were recruited. All underwent standardized ophthalmic evaluation including visual acuity, slit-lamp biomicroscopy, Goldmann applanation tonometry, gonioscopy, and optic disc assessment. Suspected cases had OCT (RNFL, GCC) and perimetry. Glaucoma was defined by optic nerve changes with corresponding structural/functional defects. Polysomnographic parameters were analyzed. Mean AHI was 41.6 ± 3.2 events/hour. Glaucoma prevalence was 16.6%, higher than population estimates (2–4%). Increased cup-disc ratio, RNFL and GCC thinning, and visual field defects were observed. Nocturnal hypoxemia indices correlated with damage ($p < 0.05$). Severe OSA shows higher glaucoma prevalence, likely due to hypoxia and vascular dysregulation. Screening is recommended.



ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT3
TITLE	Improved Surgical Technique for New Born Glaucoma with Axenfeld-Rieger Anomaly
CHIEF AUTHOR	Dr. Anil Kumar Mandal
PRESENTING AUTHOR	Dr. Anil Kumar Mandal
CO-AUTHOR(S)	NA
SYNOPSIS	The surgical management of newborn glaucoma associated with Axenfeld-Rieger Anomaly is challenging, The present video highlights an improved surgical technique and its postoperative results on a 2-week-old child who underwent immediate sequential bilateral surgery. Primary Combined Trabeculotomy and Trabeculectomy (CTT) ensured dual aqueous outflow pathway. Single suture for closure of triangular superficial scleral flap modulates wound healing. Removal of a segment of prominent Schwalbe's ring protects Descemet's membrane from tearing. At the 2-month postoperative follow-up, there was complete clearance of corneal edema, IOP was 10 mmHg in both eyes and bleb appearance was satisfactory. The child had age- appropriate normal visual acuity. This improved surgical technique of Primary CTT was safe and effective in this newborn glaucoma with Axenfeld-Rieger Anomaly.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT4
TITLE	Managing recurrent tube exposure post AGV :a tale of hopes and despair
CHIEF AUTHOR	Dr. Swati Singh
PRESENTING AUTHOR	Dr. Swati Singh
CO-AUTHOR(S)	Dr. Akanksha Koul Dr. Sreedhar Shankar Naik
SYNOPSIS	64 YOM with h/o cataract surgery, RD surgery, ERM peeling, SFIOL for IOL dislocation followed by a failed DSAEK was referred to manage refractory glaucoma. AGV was done with SPG and tube in AC. In a month, the SPG melted and tube got exposed. Repeat SPG done with CAG but erosion happened in 6 weeks. Another attempt was made to cover tube using multilayered AMG with sandwiched SMILE corneal lenticule with BCL but did not sustain beyond a week. BCL was left in place and patient was sent to Rheumatologist and started on MMF -500 mg. After about a month of immunosuppression, a mucus membrane graft from buccal cavity was used to cover the exposed tube but failed in a week. Finally the tube was explanted and re-entered via superior side. Multi step SPG was done to cover thin areas. Tenons advancement done and conjunctival relaxing incisions given. CAG taken to fill the defect and sutured with 9-o nylon covered with BCL. No further exposure seen for 3 mths and patient awaiting corneal transplant on 1AGM.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT7
TITLE	GATT as a rescue for failed trabeculectomy
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	NA
SYNOPSIS	Gonioscopy assisted transluminal trabeculotomy (GATT) has transformed the field of minimally invasive glaucoma surgeries. Though trabeculectomy is the gold standard glaucoma surgery, it has its drawback, fibrosis being the most feared. Multiple options exist after a failed trabeculectomy, including bleb revision, repeat trabeculectomy or a tube shunt. With proper assessment specifically looking for angle visibility, location of the ostium, and status of the lens, one can definitely plan GATT in these eyes. This video will showcase many examples of secondary GATT, after a failed trabeculectomy, with specific focus on preoperative case selection, the technique modification and intraoperative pearls to successfully perform a hemi or 360 degree GATT. GATT being a bleb-free surgery, is definitely a safe and cost-effective option in these high risk eyes, to avoid or postpone glaucoma drainage devices.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT10
TITLE	From Bleed to Control: Intracameral Endodiathermy as a Haemostatic Rescue in BANG Surgery
CHIEF AUTHOR	Dr. Preethy Modepalli
PRESENTING AUTHOR	Dr. Peethy Modepalli
CO-AUTHOR(S)	Dr. Upendra Babu Dr. Ashok Vardhan. S Dr. Keerthi Gayam
SYNOPSIS	This video presents a rare case of uncontrolled intraoperative reflux bleeding in a hypertensive female undergoing Bent Ab Interno Needle Goniectomy (BANG). Despite normal systemic evaluation and unremarkable hematological parameters, profuse bleeding occurred after trabecular meshwork excision, unresponsive to conventional measures including irrigation, tamponade and pressure modulation. Postoperatively, the patient developed total hyphema with dense clot formation. During re-surgery, bleeding persisted despite systemic blood pressure control and repeated standard haemostatic techniques. Given the refractory nature of the hemorrhage, targeted intracameral endodiathermy was applied near bleeding points, successfully achieving haemostasis. This video highlights our stepwise approach, underscores the importance of surgical adaptability, and demonstrates the role of endodiathermy as an effective alternative in managing refractory intraoperative bleeding during MIGS procedures.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT13
TITLE	A novel way of tackling two cyclodialysis clefts simultaneously
CHIEF AUTHOR	Dr. Rita Dhamankar
PRESENTING AUTHOR	Dr. Rita Dhamankar
CO-AUTHOR(S)	NA
SYNOPSIS	A case of a patient presenting with DVRE with a NS2 & IOP of 4, showing hypotony maculopathy, was diagnosed to have 2 cyclodialysis clefts on a UBM. Treating him was a challenge as there is no known standard procedure. We went ahead by using endotamponade with the help of a Cionni's ring placed to cover both the clefts At one go, after doing a routine phacoemulsification. That done of course there was a rise in IOP, confirming the clefts were closed. Paracentesis helped us in bringing down the IOP along with AGM's. Finally the patient did well at the end. This was a novel way of using endo tamponading the cleft & securing the Cionni's ring to cover both the clefts, & getting the patient to get good vision & stable IOP as well.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT14
TITLE	SMALL SIZE BIG EFFECT: Managing a rare secondary glaucoma with AADI 250
CHIEF AUTHOR	Dr. Saumendranath Ghose
PRESENTING AUTHOR	Dr. Saumendranath Ghose
CO-AUTHOR(S)	NA
SYNOPSIS	A 18-year-old male presented with the complaint of B/L red eyes, DOV & purulent discharge for last 15 days. O/E he had B/L infective keratoconjunctivitis with LE corneal rupture and RE multifocal severe corneal thinning. Clinically he was suspected of having gonococcal keratoconjunctivitis, which was later proven by microbiological testing of the discharge. He was treated accordingly with favorable outcome. However, he later developed small iris cyst in RE and intractable open angle Glaucoma in his LE. Despite maximal medical therapy, his intraocular pressure remained high with deterioration of visual field, necessitating surgical intervention. He was planned for newer AADI 250 implantations in his LE as there was little conjunctiva left at superiorly to do trabeculectomy. After the surgery he had a significant drop of IOP and stabilization of visual field.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT18
TITLE	Train the Angle: A Reusable 3D-Printed Gonioscopy Simulator
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	Dr. Priyanka Dr. Raghav Gupta Dr. Samarth Kacker
SYNOPSIS	Gonioscopy training is hindered by limited supervision and reliance on expensive, single-use simulators. We present GonioGlobe, a reusable 3D-printed ocular simulator, designed to enhance anterior chamber angle training. With its interchangeable iris-angle plates that simulate open and closed angles, as well as neovascularization, GonioGlobe enables a repeatable, standardized practice for anatomical identification and lens handling. Its stable design supports early orientation to MIGS and SLT, allowing beginners to practice target visualization, hand positioning, and intra-angle maneuvering. GonioGlobe provides a scalable, cost-effective, and sustainable platform that improves standardization and promotes early skill acquisition in glaucoma education.





ABSTRACTS



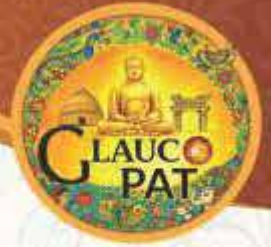
TOP VIDEOS

ABSTRACT NO	VT19
TITLE	Micro change, Macro Impact
CHIEF AUTHOR	Dr. Devendra Maheshwari
PRESENTING AUTHOR	Dr. Devendra Maheshwari
CO-AUTHOR(S)	Dr. Madhavi Ramanatha Pillai Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Minimally invasive glaucoma surgery has revolutionized glaucoma management with safer procedures and faster recovery. However, the cost of specialized instruments often limits its adoption in resource-limited settings. This surgical film demonstrates practical, low-cost modifications of trabeculotomy-based MIGS techniques that maintain core surgical principles while improving affordability. Techniques demonstrated include economic gonioscopy-assisted transluminal trabeculotomy (GATT) using prolene suture and affordable instruments, Reverse BANG goniotomy using a 26-gauge needle as an alternative to Kahook Dual Blade goniotomy, and Dev Dual Hook trabeculotomy as a substitute for Tanito microhook trabeculotomy. Anterior segment OCT shows comparable anatomical outcomes with these modifications. By reducing reliance on expensive devices, these innovations expand the reach of MIGS beyond tertiary centers and improve accessibility to sustainable glaucoma care.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT20
TITLE	When Trabeculectomy Gets Complicated: Lessons from a High Myopic Eye
CHIEF AUTHOR	Dr. Aditya Sharma
PRESENTING AUTHOR	Dr. Aditya Sharma
CO-AUTHOR(S)	Dr. Suneeta Dubey
SYNOPSIS	A 30 year old lady, having high myopia, underwent ICL surgery, following which she developed high intraocular pressures in both eyes. She was put on maximal medical therapy, while the examination showed advanced glaucomatous optic disc cupping in both eyes. Eventually, she underwent Trabeculectomy surgery in right eye. This video demonstrates one of the dreaded surgical challenges and intra-operative complication that a surgeon can face while performing Trabeculectomy surgery in a patient with high axial length, and technique to manage such a complication, with good outcomes.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT26
TITLE	The "Oops" moments in MIGS -Small Misses, Big Lessons
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	MIGS is generally considered a group of procedures with a favorable safety profile and a relatively short learning curve; however, every surgical technique has its own "oops" moments. One small misstep can change the whole course of surgery. This video panorama highlights intraoperative pitfalls encountered in MIGS. These include misidentification of angle landmarks, suboptimal gonioscopic visualization, improper wound construction, and insufficient anaesthesia leading to ocular instability. Technical errors such as entry into an incorrect anatomical plane, and imprecise tissue handling are demonstrated. In procedures with steep learning curve like suture GATT, mistakes like improper suture handling, incorrect mushrooming of the tip, poor technique of goniotomy, or misjudgement of the plane can lead to even abandonment of the procedure. This video showcases the errors and gives hints and hacks to recognise & pre-empt these subtle errors to optimize safety and efficacy in MIGS





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT27
TITLE	When Grayscale Adds Colour to the Picture: Clinical Insights from AS-OCT in Secondary Glaucoma
CHIEF AUTHOR	Dr. Palla Aruna Kumari
PRESENTING AUTHOR	Dr. Palla Aruna Kumari
CO-AUTHOR(S)	Dr. Gowri.J. Murthy Dr. Priyanka Sudhakar
SYNOPSIS	Secondary glaucoma involves complex structural interplay often camouflaged on slit lamp examination due to poor visibility. This video captures game-changing insights of anterior segment OCT (ASOCT). Identification of anterior capsular breach in lens induced glaucoma, vitreous prolapse causing pupil block in posteriorly dislocated cataract, isolation of bee sting causing refractory glaucoma, emanant iris tissue making apparently patent iridotomy non-functional, traumatic cyclodialysis cleft, anteriorly migrated silicone oil globules causing pupil block & iris bombe, air-bubble egress behind iris after keratoplasty causing pupil block, identifying plane of haptic of intraocular lens causing uveitis glaucoma hyphema syndrome, clinching spherophakic lens causing secondary angle closure, drug induced myopia serially monitored on metrics after drug withdrawal. This non-invasive tool is game changer in unravelling "hidden" insights facilitating planned approach in managing multifaceted secondary cases.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT29
TITLE	Beyond the Bleb: Surgical Restoration of an Overhanging Filter
CHIEF AUTHOR	Dr. Niyatee Uniyal
PRESENTING AUTHOR	Dr. Niyatee Uniyal
CO-AUTHOR(S)	Dr. Julie Pegu
SYNOPSIS	A patient presented with a symptomatic overhanging filtering bleb after trabeculectomy. The bleb had progressively enlarged and extended onto the corneal surface, causing foreign body sensation, discomfort, and visual disturbance. The patient underwent bleb revision with excision of redundant bleb tissue and conjunctival repositioning, with care taken to preserve filtration function. Postoperatively, the bleb architecture improved significantly, symptoms resolved, and intraocular pressure remained stable without additional anti-glaucoma medication. This case highlights the importance of timely recognition and surgical management of overhanging blebs to restore ocular surface anatomy, improve patient comfort, and maintain long-term bleb function. I am presenting a surgical video of bleb revision.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT30
TITLE	Small Incisions, Big Surprises: Managing MIGS Complications
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Madhavi Ramanatha Pillai
SYNOPSIS	Synopsis: MIGS has revolutionized glaucoma management by offering effective IOP with a favorable safety profile. However, complications may still occur due to technical factors, anatomical variations, or surgical learning curves. This surgical video highlights important intraoperative & postoperative complications encountered during trabeculotomy-based MIGS procedures. Key complications demonstrated include hyphema, DMD, ID, suture misdirection, fibrinous membrane formation, persistent macro hyphema requiring AC wash, iris bombe due to pupillary block, and rare malignant glaucoma. The video also discusses mechanisms behind these events, early recognition, & practical management strategies to restore anterior chamber stability and prevent visual compromise. In addition, preventive surgical pearls such as optimal patient positioning, adequate chamber maintenance with cohesive viscoelastic, careful landmark identification, and minimizing tissue trauma are emphasized to improve safety.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT33
TITLE	Beyond Medical Therapy : Surgical Battle in ICE Syndrome
CHIEF AUTHOR	Dr. Sejal singla
PRESENTING AUTHOR	Dr. Sejal singla
CO-AUTHOR(S)	Dr. Julie Pegu
SYNOPSIS	This video demonstrates the surgical management of a complex case of ICE (Iridocorneal Endothelial) syndrome in 47 years old male, highlighting the importance of perseverance and a strong bond of trust between the doctor and patient. The right eye was an absolute eye. The left eye had extensive irido-corneal adhesions, corneal haze and IMSC, with IOP 14 mmHg on two AGMs. The patient underwent phacoemulsification with iris hooks and PCIOL implantation. Subsequently, IOP became uncontrolled despite maximal medical therapy, necessitating trabeculectomy. Intraoperatively, vitreous was noted after sclerostomy, likely due to anterior shift of the iris-ciliary body complex, and anterior vitrectomy was performed. Good IOP control was achieved. Later, corneal decompensation required penetrating keratoplasty. Postoperatively, IOP again became uncontrolled, leading to AADI implantation. Ultimately, vision improved to 6/9 with well-controlled IOP off medications. HSV-1 PCR was negative.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT34
TITLE	Tips and Tricks for Managing Failed Ologen Bleb with Repeat Trabeculectomy
CHIEF AUTHOR	Dr. Pankaj Bendale
PRESENTING AUTHOR	Dr. Pankaj Bendale
CO-AUTHOR(S)	Dr. Mahavir Mukundarao Khandharwar Dr. Sania Gulwani
SYNOPSIS	This video highlights the surgical relevance of repeat trabeculectomy at a site distinct from the primary filtration area in eyes with prior bleb failure. Mastery of repeat trabeculectomy is essential, as it offers a cost-effective, tissue-sparing option to achieve low target intraocular pressure in complex glaucoma. By utilizing relatively unviolated conjunctiva, this approach bypasses subconjunctival fibrosis and enhances bleb survival with improved long-term control. The video demonstrates key principles including strategic site selection, gentle conjunctival handling, and preservation of tissue integrity, with adjunctive use of antimetabolites such as Mitomycin C. Emphasis is placed on early postoperative modulation, particularly timely suture lysis, as a critical determinant of success. Practical pearls and common pitfalls highlight the importance of meticulous planning and timely intervention for predictable outcomes.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT35
TITLE	From Incision to Bleb: A Glaucoma Fellow-to-Fellow Guide for Successful Trabeculectomy
CHIEF AUTHOR	Dr. Sania Gulwani
PRESENTING AUTHOR	Dr. Sania Gulwani
CO-AUTHOR(S)	Dr. Mahavir Mukundarao Khandharwar Dr. Pankaj Bendale
SYNOPSIS	hile cataract surgery is the bread and butter of ophthalmology, trabeculectomy defines the judgment and maturity of a glaucoma specialist. Despite being well established, its success is rarely determined by a single step but by a series of subtle intraoperative decisions often overlooked during the learning curve. This video presents a reflective perspective on trabeculectomy through the lens of a glaucoma fellow, for trainees and budding surgeons, highlighting nuances that influence real-world outcomes. Success lies not in major milestones but in micro-decisions—tissue handling, consistent dissection, flow modulation, and meticulous closure—each shaping bleb function and intraocular pressure control. Timely postoperative suture lysis further optimizes filtration and stability. This video bridges training and independent practice—because the real learning begins after the first success.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT37
TITLE	Taming the Troublesome Bleb : Bleb Excision and Conjunctival Advancement
CHIEF AUTHOR	Dr. Antara
PRESENTING AUTHOR	Dr. Antara
CO-AUTHOR(S)	Dr. Navjot Ahluwalia Dr. Rakesh Shakya
SYNOPSIS	Dyesthetic blebs following trabeculectomy cause significant ocular morbidity. High cystic blebs may induce chronic discomfort warranting surgical revision .A 59-year-old female presented with ocular discomfort, pain, and foreign body sensation 8 months after combined trabeculectomy and cataract surgery, with IOP measuring 14 mmHg. Examination revealed a very high cystic dyesthetic bleb causing significant symptoms refractory to conservative management .The patient underwent bleb excision with conjunctival advancement surgery to revise the dyesthetic bleb.Post-operatively, the patient showed complete resolution of symptoms with a well-maintained low-lying diffuse bleb. IOP was satisfactorily maintained at 6 mmHg, ensuring continued filtration function.Bleb excision with conjunctival advancement is an effective surgical strategy for managing symptomatic dyesthetic blebs, achieving both symptomatic relief and preserving filtration function.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT41
TITLE	Crafting Tomorrow's Vision: My Innovation Story in the World of Ophthalmology
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	Aim of the video: To ignite the fire of innovation in all ophthalmologist From the moment I first looked through an ophthalmoscope, I was captivated by the intricate world of the human eye, yet equally struck by the unmet needs in patient care. This initial fascination quickly evolved into a burning desire to do more than just treat; it became a quest to innovate. My journey has been one of relentless curiosity, transforming observed challenges in the clinic into fertile ground for new solutions. From late nights spent sketching designs and poring over research papers to collaborating with brilliant minds across disciplines, each step has been fueled by the profound impact I've witnessed: restoring sight, improving lives, and pushing the boundaries of what's possible in ophthalmology. Video Synopsis: This narrative traces my path from its inception, detailing the challenges I overcame and the triumphs that ultimately benefited countless lives.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT42
TITLE	Modified Descmet's Stripping Forceps assisted Goniectomy A new MIGS technique
CHIEF AUTHOR	Dr. Urvish Vashisht
PRESENTING AUTHOR	Dr. Urvish Vashisht
CO-AUTHOR(S)	Dr. Astha Vaghasia Patolia
SYNOPSIS	This prospective interventional case series evaluated the safety and short-term intraocular pressure (IOP)–lowering efficacy of ab-interno goniectomy using a modified Descemet's stripping forceps (mDSF). Entry in SC was made using a 24G MVR blade for about 1 clock hour. mDSF which is routinely used for DMEK surgeries was used to extend the opening in the SC. Tip of the forceps is introduced into the SC opening and extended to either sides . The TM strip is removed with the same forceps. Fourteen eyes of 12 patients (8 males, 4 females; mean age 60.5 ± 15.1 years, range 27–79) with medically uncontrolled open-angle glaucoma or ocular surface toxicity were included. Mean IOP reduced from 16.1 ± 6.5 to 12.9 ± 5.5 mmHg at 1 month, with reduced medication burden. Mild blood reflux occurred in all eyes and resolved spontaneously; no major complications were seen. This technique offers an easy, effective, and cost-efficient alternative for Schlemm's canal surgery.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT43
TITLE	An innovative method to identify the path of Schlemm's canal
CHIEF AUTHOR	Dr. Bhawesh Chandra Saha
PRESENTING AUTHOR	Dr. Bhawesh Chandra Saha
CO-AUTHOR(S)	Dr. Rashmi Chandra Dr. Ravi Kumar
SYNOPSIS	Background : Trabeculotomy is an established procedure to reduce intraocular pressure in congenital glaucoma, especially in eyes with opaque cornea. Its success depends on accurate identification of Schlemm's canal. However, conventional landmarks such as the blue-white junction and perforating vessels become indistinct in enlarged, stretched eyes, making localization challenging. Purpose: To demonstrate a novel technique for identifying the path of Schlemm's canal during trabeculotomy when traditional landmarks are not visible. Synopsis: In buphthalmic eyes with stretched limbal anatomy may make identification. Although illuminated microcatheters allow precise localization and 360° trabeculotomy, their high cost limits availability in India. This video describes a simple technique using a 25-gauge light pipe to delineate the canal path before introducing a Harms trabeculotome, reducing the risk of inadvertent entry into the anterior chamber and improving surgical precision.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT44
TITLE	Ab interno Trabeculectomy – a cost effective MIGS for Indian Scenario
CHIEF AUTHOR	Dr. Dewang Angmo
PRESENTING AUTHOR	Dr. Dewang Angmo
CO-AUTHOR(S)	Dr. Anuja Patil Dr. Muskaan Bansal Dr. Tanuj Dada
SYNOPSIS	Ab interno Trabeculectomy (AbIT) is a MIGS procedure in which the TM is removed in specific portions of the angle (around 3 clock hrs) using clean cuts with MVR blade and side cuts with micro-vitreoretinal scissors. The clean cuts ensure minimal bleeding, minimizes trauma to adjacent tissues like iris, improves outflow in focused portion of the angle (avoiding circumferential damage to the whole angle with functional healthy TM in rest of the sectors) while ensuring a significant opening of the trabecular shelf with the least trauma. AbIT allows repeatability, is easy to perform; efficacious in circumventing the resistance in the conventional outflow pathway, obviates need for expensive instruments, and is minimally invasive in a true sense. This is a video bouquet showcasing AbIT being done in different scenarios and its advantages and outcomes.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT45
TITLE	A TALE OF TROUBLE, TENACITY AND TRIUMPH OF THE TUBE
CHIEF AUTHOR	Dr. Vidya Wadke
PRESENTING AUTHOR	Dr. Vidya Wadke
CO-AUTHOR(S)	Dr. Ahana Sen Dr. Mihir Lagvankar
SYNOPSIS	This is the story of diagnostic dilemma and fulminant disease course in a 53 year old female. She presented with sudden onset painful DOV in both eyes since 1 month. Both eyes had severe inflammation, dense fibrinous reaction, extensive pigment dispersion, near total corneal epithelial defects, complicated cataracts and visual acuity of PL +, PR accurate in all quadrants. IOP was 40 mm of Hg in both eyes. USG was noted normal with no vitreous echoes, no T sign and no mass lesion. Haematological/ serological/ systemic investigations were all negative. Differential diagnoses—bilateral panuveitis or BADI. Based on native located near Nepal, diagnosis of Seasonal Hyperacute Panuveitis was made. She underwent PK with cataract surgery in right eye (better eye) and diode CPC in the left eye. Post PK, IOP spiked and she underwent AGV implantation. She achieved IOP control, clear graft and a BCVA of 6/18 in the right eye. This case emphasises need for team effort and multidisciplinary approach.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT46
TITLE	The Double-Edged Depot: Control Inflammation, but Protect the Nerve
CHIEF AUTHOR	Dr. Salwa Kaidakath
PRESENTING AUTHOR	Dr. Salwa Kaidakath
CO-AUTHOR(S)	Dr. Meena Menon Dr. Shalini
SYNOPSIS	This video explores the complex management of steroid-induced glaucoma in an HLA-B27-positive patient with recurrent anterior uveitis. It highlights the "Steroid Paradox," where a posterior subtenon triamcinolone acetonide (PST) depot, intended to control inflammation, became a "Trojan Horse" leading to refractory intraocular pressure (IOP) of 40 mmHg, even on maximum medical therapy. The patient had been advised to undergo combined phacoemulsification and trabeculectomy surgery elsewhere. Instead, the presentation details the successful surgical excision of the PST depot. Post-operatively, the patient achieved a visual acuity of 6/6 and a stable IOP of 16 mmHg on one anti-glaucoma medication. Key clinical takeaways emphasize the necessity of mandatory IOP monitoring for up to 12 months in steroid responders and the vital role of multidisciplinary coordination with rheumatology to provide systemic steroid-sparing coverage during ocular source removal.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT49
TITLE	Uncharted Territory: An Unclassified Axenfeld-Rieger Variant
CHIEF AUTHOR	Dr. Neelambika Shekhar Kulkarni
PRESENTING AUTHOR	Dr. Neelambika Shekhar Kulkarni
CO-AUTHOR(S)	Dr. Julie Pegu
SYNOPSIS	A 25-year-old male presented with progressive bilateral visual decline over four years, more in the left eye. Examination revealed high myopia, elevated intraocular pressure (38 mmHg RE, 28 mmHg LE), and enlarged corneal diameters. The right eye showed posterior corneal scarring, edema, and staphyloma, while the left eye had dense corneal opacity with retinal detachment. Systemic features included maxillary hypoplasia, microdontia, hypodontia, and redundant umbilical skin. Childhood records showed previously clear corneas, suggesting late onset. A diagnosis of atypical/unclassified Axenfeld-Rieger syndrome with secondary glaucoma was made. Management included medical therapy, penetrating keratoplasty (LE), and Ahmed glaucoma valve implantation, achieving IOP control and visual improvement. Genetic analysis revealed CYP1B1 mutation, with inconclusive correlation. This case highlights phenotypic variability and genetic complexity in anterior segment dysgenesis.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT52
TITLE	Redefining Limits: GDD Implantation in the Complex Realm of Post-VR Glaucoma
CHIEF AUTHOR	Dr. Abhijay Luthra
PRESENTING AUTHOR	Dr. Abhijay Luthra
CO-AUTHOR(S)	Dr. Julie Pegu Dr. Suneeta Dubey
SYNOPSIS	Glaucoma Drainage Device (GDD) implantation is a crucial intervention for secondary glaucoma following vitreoretinal (VR) surgery. Post-VR eyes present unique challenges, including altered ocular anatomy, conjunctival scarring, presence of scleral buckles, and retained silicone oil, making conventional filtering surgeries less effective. GDDs provide an effective alternative to control intraocular pressure (IOP) in these complex cases. However, surgery in these eyes is complicated by increased risks of tube malposition and higher rates of complications such as corneal decompensation and hypotony. We will be presenting a bouquet of cases highlighting the difficulties faced, including extensive conjunctivo-scleral adhesions, presence of belt buckle, scleral thinning, their management, and the importance of individualizing implant type & size choices.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT55
TITLE	Triple Tunnel Tube (TTT) placement of AGV – A modified and graft free technique
CHIEF AUTHOR	Dr. Rakesh Shakya
PRESENTING AUTHOR	Dr. Rakesh Shakya
CO-AUTHOR(S)	Dr. Abhishek Bharatkumar Vansadia Dr. Navjot Ahluwalia
SYNOPSIS	we are showing modified technique for tube placement and insertion of Ahmed Glaucoma Valve (AGV) and it's the efficacy by creating three distinct scleral tunnels distal to proximal which prevents further movement of AGV tube and helps in secure tube placement, So AGV plate is secured a minimum of 12 mm from the limbus. Each tunnel is around 3 mm with a 3-mm flap at the limbus. The distal tunnel prevents forward movement of the plate and the three tunnels ensure intra-scleral placement of the tube The technique involves creating a scleral tunnel using a crescent knife allowing for secure tube placement and easily insert into the anterior chamber, ciliary sulcus, or vitreous cavity It is an alternative method of tube placement/insertion and graft free Glaucoma shunt Surgery with use of minimal suture. This technique also achieves effective IOP control and comparatively reduces chances of post op complications.





ABSTRACTS



TOP VIDEOS

ABSTRACT NO	VT58
TITLE	Beyond Scar, Buckle, and Biology: A ClearPath Through Complex Glaucoma
CHIEF AUTHOR	Dr. Drishti C
PRESENTING AUTHOR	Dr. Drishti C
CO-AUTHOR(S)	Dr. Suneeta Dubey
SYNOPSIS	Purpose: To showcase Ahmed ClearPath (ACP) in tackling complex glaucoma where conventional surgery falls short. Methods: Four high-stakes cases: cicatrized ocular surface in OCP requiring inferonasal implantation; post-scleral buckle eye with simultaneous buckle removal and ACP placement; pediatric aphakic glaucoma with PFV; and early postoperative hypotony requiring revision. Results: Across challenging anatomies, ACP proved flexible and reliable. Its low-profile plate enabled placement in unconventional quadrants, even in scarred eyes. The valveless design, with ripcord and venting, allowed controlled flow and effective IOP control. Surgical tweaks across scenarios were seamless, with stable outcomes. Conclusion: When anatomy says no, flexibility says yes. In eyes where nothing fits, ClearPath leads the way.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT1
TITLE	Comet Shower: A Striking Pattern of Keratic Precipitates After Laser
CHIEF AUTHOR	Dr. Anchal Gera
PRESENTING AUTHOR	Dr. Anchal Gera
CO-AUTHOR(S)	NA
SYNOPSIS	24-year-old pseudophakic woman developed pupillary block glaucoma after PPV with C3F8 for subtotal RRD. YAG iridotomy relieved the block but was followed by large pigmented KPs, suggesting unusual anterior inflammation.





ABSTRACTS

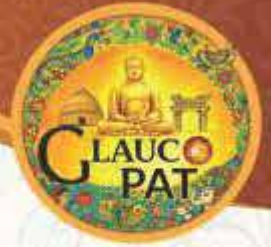


PHOTO TALK

ABSTRACT NO	PT2
TITLE	Netarsudil-Linked Epi-Scleral Aneurysms in Glaucoma
CHIEF AUTHOR	Dr. Anchal Gera
PRESENTING AUTHOR	Dr. Anchal Gera
CO-AUTHOR(S)	NA
SYNOPSIS	37/F known case of JOAG developed episcleral aneurysm-like dilatations and perilimbal congestion on netarsudil 0.02%(A). Improvement noted at 2 weeks of stopping netarsudil (B) and resolution by 3 months(C), suggesting reversible vascular change.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT3
TITLE	An Uncommon Case of Incomplete Aniridia with Preserved Iris Tissue
CHIEF AUTHOR	Dr. Purna Garg
PRESENTING AUTHOR	Dr. Purna Garg
CO-AUTHOR(S)	NA
SYNOPSIS	A 27-year-old presented with partial aniridia, mildly subluxated cataractous lens, limbal stem cell deficiency and foveal hypoplasia in both eyes. Her angles were well differentiated on gonioscopy and IOP and optic nerve head were normal.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT4
TITLE	TOXIC OPTIC NEUROPATHY 'A GLAUCOMA MIMICKER'
CHIEF AUTHOR	Dr. Meera Nasrin M
PRESENTING AUTHOR	Dr. Meera Nasrin M
CO-AUTHOR(S)	NA
SYNOPSIS	Toxic optic neuropathy showing temporal disc pallor, temple sign, red circle sign, and papillomacular bundle loss on Optical Coherence Tomography, mimicking glaucoma as "red disease"



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT7
TITLE	Treat the pressure unfold the macula
CHIEF AUTHOR	Dr. Malleswari Medikonda
PRESENTING AUTHOR	Dr. Malleswari Medikonda
CO-AUTHOR(S)	NA
SYNOPSIS	Not all subretinal fluid mandates treatment -addressing the underlying hypotony restores macular architecture and vision





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT9
TITLE	Urrets Zavalía syndrome
CHIEF AUTHOR	Dr. Alka Pandey
PRESENTING AUTHOR	Dr. Alka Pandey
CO-AUTHOR(S)	NA
SYNOPSIS	The right eye of this young patient had raised IOP after ICL surgery. She developed Urrets Zavalía syndrome where the pupil becomes mid dilated and fixed. Because of the light coloured iris, the difference in 2 eyes was striking.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT10
TITLE	Sailing Through A Corneal Crisis In Primary Congenital Glaucoma"
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	NA
SYNOPSIS	An infant with enlarged eye developed severe corneal clouding, photophobia in RE. PCG with acute hydrops in RE was managed with CTT. Corneal edema gradually resolved over weeks with improvement in clarity.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT11
TITLE	Hanging by a thread
CHIEF AUTHOR	Dr. Gazella Bruce Warjri
PRESENTING AUTHOR	Dr. Gazella Bruce Warjri
CO-AUTHOR(S)	NA
SYNOPSIS	High-magnification slit-lamp image revealing broken and elongated zonules in ectopia lentis, with the crystalline lens precariously suspended within the pupillary axis.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT12
TITLE	Laser Membranectomy in Uveitic Pupillary Block Glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	NA
SYNOPSIS	Nd yag Laser membranectomy is a safe, effective, and minimally invasive alternative to surgery in selected cases of uveitic pupillary block glaucoma, offering rapid anatomical and functional improvement.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT13
TITLE	Haptic Chaos to Gonioscopic Glory: Fixing Post-Cataract surgery Pigmentary Glaucoma
CHIEF AUTHOR	Dr. Kunj Shailesh Naik
PRESENTING AUTHOR	Dr. Kunj Shailesh Naik
CO-AUTHOR(S)	NA
SYNOPSIS	64-yo male: 6-mo post-phaco RE pain, IOP 32 mmHg (2 AGMs). Gonioscopy: decentered sulcus PMMA IOL haptic-iris chafing, inferior grade 4-5 TM pigment/PAS. Secondary PDG. IOL exchange + AV: BCVA 6/12→6/9, IOP→20. Gonioscopy key, no UBM/AS-OCT needed.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT14
TITLE	When Neglect distorts anatomy; Pseudo-Coloboma in neglected Primary Congenital Glaucoma
CHIEF AUTHOR	Dr. Techii Dodum Tara
PRESENTING AUTHOR	Dr. Techii Dodum Tara
CO-AUTHOR(S)	NA
SYNOPSIS	Pseudo-coloboma of the lens in the PCG is an acquired lens margin deformity due to chronic elevated IOP in neglected cases, leads to globe enlargement and zonular stretching, resulting in localized flattening or notching.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT16
TITLE	Where the IOL Leaves its Imprint: An Important Clue to Aqueous Misdirection
CHIEF AUTHOR	Dr. Sushma Tulava
PRESENTING AUTHOR	Dr. Sushma Tulava
CO-AUTHOR(S)	NA
SYNOPSIS	A myopic shift with shallow to flat anterior chamber in a pseudophakic eye (white star) with patent peripheral iridotomy, especially when accompanied by an optic or haptic iris imprint (yellow arrows), is highly suggestive of aqueous misdirection.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT17
TITLE	Block Behind the Haze: An Enlarging Retinopathy of Prematurity Eye Treated with Surgical Iridectomy
CHIEF AUTHOR	Dr. Sushma Tulava
PRESENTING AUTHOR	Dr. Sushma Tulava
CO-AUTHOR(S)	NA
SYNOPSIS	In an ROP eye with sudden onset corneal haze and rapid globe enlargement, UBM confirmed pupillary block. Identifying the mechanism prevented unnecessary trabeculectomy and enabled definitive treatment with early surgical iridectomy



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT18
TITLE	Radial Reverie: The Signature of Pseudoexfoliation Syndrome on IOL
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	NA
SYNOPSIS	Slit lamp image showcasing the pseudoexfoliative material deposited on the surface of the intraocular lens giving an optical imprint after surgery.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT19
TITLE	Axially Myopic, Angles Closed: A Developmental Paradox in Persistent Pupillary Membrane
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	NA
SYNOPSIS	Slit image showing bilateral persistent pupillary membrane causing SACG in a young Myopic patient



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT20
TITLE	SKYSHOT IN THE EYE
CHIEF AUTHOR	Dr. Nidhi Tomar
PRESENTING AUTHOR	Dr. Nidhi Tomar
CO-AUTHOR(S)	NA
SYNOPSIS	Fundus show cdr-0.8:1 with IRT with temporal pallor. Peripapillary scarring with radiating internal limiting membrane (ILM) folds and posterior pole shows subretinal inflammatory deposits along with sequelae of old choroidal rupture.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT21
TITLE	Unilateral Ocular Enlargement with Proptosis: A Rare Presentation of Congenital Glaucoma.
CHIEF AUTHOR	Dr. Bhawesh Chandra Saha
PRESENTING AUTHOR	Dr. Bhawesh Chandra Saha
CO-AUTHOR(S)	NA
SYNOPSIS	A child presented with unilateral ocular enlargement, proptosis, corneal haze, and raised IOP suggestive of congenital glaucoma, with ectropion uveae and NF1 features—café-au-lait macules, S-shaped eyelid, and sphenoid dysplasia





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT22
TITLE	A Lens Too Round: The Story of Microspherophakia
CHIEF AUTHOR	Dr. Sejal Singla
PRESENTING AUTHOR	Dr. Sejal Singla
CO-AUTHOR(S)	NA
SYNOPSIS	Microspherophakia image with visible equator of lens in full mydriasis. May be associated with lens subluxation, high myopia, secondary angle closure glaucoma



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT23
TITLE	Axenfeld- Reiger : When Eyes Reveal Systemic Anomalies
CHIEF AUTHOR	Dr. Sanchita Handa
PRESENTING AUTHOR	Dr. Sanchita Handa
CO-AUTHOR(S)	NA
SYNOPSIS	A 15-year-old male with Axenfeld-Rieger syndrome had anterior segment anomalies with glaucoma, managed by trabeculectomy, with systemic features including hypodontia, microdontia, and redundant umbilical skin.





ABSTRACTS

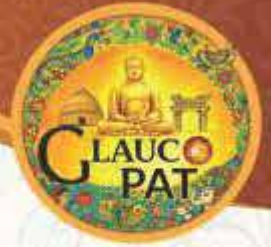


PHOTO TALK

ABSTRACT NO	PT24
TITLE	Creeping Culprit Hidden in plain sight
CHIEF AUTHOR	Dr. Usha Tejaswini S
PRESENTING AUTHOR	Dr. Usha Tejaswini S
CO-AUTHOR(S)	NA
SYNOPSIS	(A)Secondary glaucoma due to fibrous ingrowth following phacoemulsification in eye with old trauma causing ectropion uveae, shallow chambers, fibrotic pupillary membrane (B)YAG iridotomy, Membrane lysis & Pupilloplasty improved vision, IOP normalized



ABSTRACTS

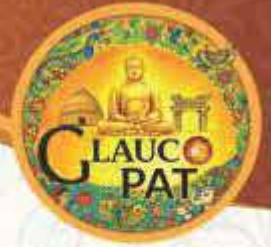


PHOTO TALK

ABSTRACT NO	PT25
TITLE	All that glitters can be silicone oil!
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
CO-AUTHOR(S)	NA
SYNOPSIS	A 23-year-old male, aphakic, post silicone oil injection, presented with IOP 42 mmHg. On careful examination, a shining reflex on the iris-oil interface is noted, indicating silicone oil's presence in the anterior chamber.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT26
TITLE	Not all cataracts are as calm and as white as they look!
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
CO-AUTHOR(S)	NA
SYNOPSIS	A 4-month-old boy with unilateral raised IOP and localized cataract. UBM suggestive of LE Medulloepithelioma. Enucleation was advised. Localized cataract with raised IOP should warn us of an underlying localized lesion.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT27
TITLE	TUBE TURMOILS
CHIEF AUTHOR	Dr. Rathini David
PRESENTING AUTHOR	Dr. Rathini David
CO-AUTHOR(S)	NA
SYNOPSIS	Multiple Tube Related Complications Depicted as a Collage





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT28
TITLE	Revealing the hidden tube: A Simple Laser Solution in a Complex Eye
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
CO-AUTHOR(S)	NA
SYNOPSIS	A 21-year-old female with high IOP post lensectomy, vitrectomy and valve surgery had sulcus tube occlusion by iris. AS-OCT showed tenting. Nd:YAG PI exposed the tube, normalizing IOP, offering a minimally invasive alternative to surgical iridectomy





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT31
TITLE	Central corneal defect: Don't miss Peters!
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	NA
SYNOPSIS	Slitlamp photograph and AS-OCT images show central corneal opacity and iridocorneal adhesions. Note the central corneal defect, also known as Von Hippel Internal corneal ulcer, a pathognomonic sign of Peter's anomaly.





ABSTRACTS

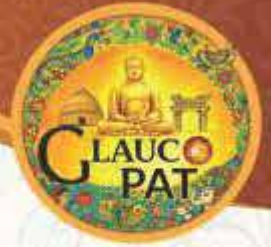


PHOTO TALK

ABSTRACT NO	PT32
TITLE	Kissing crimson beyond the capsule
CHIEF AUTHOR	Dr. Kavya Subramanian M. S.
PRESENTING AUTHOR	Dr. Kavya Subramanian M. S.
CO-AUTHOR(S)	NA
SYNOPSIS	A 62 year old male patient, with no relevant past history, presented with hemorrhagic kissing choroidals causing secondary angle closure by posterior pushing mechanism.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT33
TITLE	Neovascularisation stealing the spotlight
CHIEF AUTHOR	Dr. Kavya Subramanian M. S.
PRESENTING AUTHOR	Dr. Kavya Subramanian M. S.
CO-AUTHOR(S)	NA
SYNOPSIS	A diabetic patient, LE Pseudophakia with PDR and NVG presented with posterior capsule neovascularisation extending anterior to PCIOL along a fibrinous membrane, sandwiching the PCIOL.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT34
TITLE	A Tiny Eye, a Giant Lung: Radiation-Induced Fibrin Reaction
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
CO-AUTHOR(S)	NA
SYNOPSIS	Post-radiation eye with dense, fluffy fibrinous exudates in the anterior chamber mimicking inflammation. Highlights radiation-induced anterior segment changes and the need to distinguish fibrin from infection or neoplasia for timely management.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT35
TITLE	A Window in the Angle: Cleft After Goniotomy
CHIEF AUTHOR	Dr. Neelambika Shekhar Kulkarni
PRESENTING AUTHOR	Dr. Neelambika Shekhar Kulkarni
CO-AUTHOR(S)	NA
SYNOPSIS	Gonioscopic image demonstrating a distinct angle cleft following goniotomy in a patient with pigmentary glaucoma. The cleft highlights localized structural disruption of the trabecular meshwork enhancing aqueous outflow.



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT36
TITLE	Star-Shaped Pupil: Axenfeld–Rieger Syndrome Unveiled
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
CO-AUTHOR(S)	NA
SYNOPSIS	Axenfeld–Rieger syndrome is a rare genetic disorder with anterior segment dysgenesis affecting the iris, cornea, and pupil. Features include posterior embryotoxon, iris hypoplasia, corectopia/polycoria, and iris strands; ~50% develop glaucoma.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT37
TITLE	Unforeseen consequences: Post AADI implant scare
CHIEF AUTHOR	Dr. Abhijay Luthra
PRESENTING AUTHOR	Dr. Abhijay Luthra
CO-AUTHOR(S)	NA
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



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT38
TITLE	The Silent Seal: Unveiling pupillary block by Swept source AS -OCT
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	NA
SYNOPSIS	A 50-year-old woman presented with acute vision loss, pain IOP- (36 mmHg). Swept source AS-OCT showed a fibrinous membrane causing pupillary block and iris bombe. Nd:YAG PI and fibrinolysis restored AC depth, reduced IOP to 12 mmHg



ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT39
TITLE	When a Filtering Bleb Turns Foul: A Case of Post-Trabeculectomy Blebitis
CHIEF AUTHOR	Dr. Saloni Goyal
PRESENTING AUTHOR	Dr. Saloni Goyal
CO-AUTHOR(S)	NA
SYNOPSIS	Post-trabeculectomy blebitis presenting as an elevated, opaque “angry” bleb with hyperemia, mucopurulent infiltrate, and corneal edema suggesting early spread. Prompt antibiotics are critical to prevent endophthalmitis and vision loss.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT40
TITLE	Bilateral WAGR syndrome : A case report
CHIEF AUTHOR	Dr. Nibha Gupta
PRESENTING AUTHOR	Dr. Nibha Gupta
CO-AUTHOR(S)	NA
SYNOPSIS	Bilateral WAGR syndrome with aniridia presented with open angles and normal intraocular pressure in both eyes highlighting the need for regular monitoring for late-onset glaucoma.





ABSTRACTS



PHOTO TALK

ABSTRACT NO	PT41
TITLE	Dark Peripapillary Hyperpigmentation: Incidental finding or Marker of glaucoma?
CHIEF AUTHOR	Dr. Adwitiya Biswas
PRESENTING AUTHOR	Dr. Adwitiya Biswas
CO-AUTHOR(S)	NA
SYNOPSIS	A 45-year-old POAG patient showed an incidental dark peripapillary lesion with disc cupping. Differentials included pigmentation, CHRPE, or melanoma. OCT and retinal opinion were sought, highlighting the need to rule out masqueraders.



ABSTRACTS

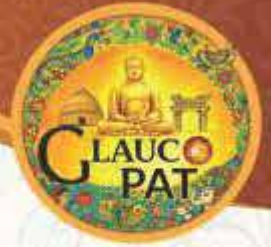


PHOTO TALK

ABSTRACT NO	PT42
TITLE	2 SHADES 2 RISK
CHIEF AUTHOR	Dr. Himani Jamod Bharti
PRESENTING AUTHOR	Dr. Himani Jamod Bharti
CO-AUTHOR(S)	NA
SYNOPSIS	Slit Lamp photograph of right eye demonstrates hyperpigmented iris in lower quadrant. It carries risk of developing high IOP and melanoma.



ABSTRACTS

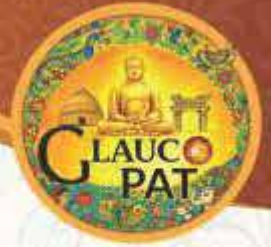


VIDEO TALK

ABSTRACT NO	VTK1
TITLE	Spotting Schwalbe's Line: An Intraoperative View in Axenfeld-Rieger Anomaly
CHIEF AUTHOR	Dr. Anil Kumar Mandal
PRESENTING AUTHOR	Dr. Anil Kumar Mandal
CO-AUTHOR(S)	NA
SYNOPSIS	In a 2-week-old child with Axenfeld-Rieger Anomaly, Schwalbe's line was identified intraoperatively as a thickened, white chord like structure during removal of the 3x2 mm deeper limbal block under a partial thickness superficial scleral flap.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK2
TITLE	When Air Fails: Viscopartition Saves Descemetopexy
CHIEF AUTHOR	Dr. Malleswari Medikonda
PRESENTING AUTHOR	Dr. Malleswari Medikonda
CO-AUTHOR(S)	NA
SYNOPSIS	Post-trabeculectomy DMD with failed air descemetopexy due to ostium leak. Viscopartition sealed the ostium, enabling C3F8 tamponade and successful reattachment. Cornea cleared with stable IOP—highlighting viscopartition as a key adjunct.





ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK4
TITLE	Ripcord in glaucoma drainage devices: Simplified
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	NA
SYNOPSIS	Intraluminal ripcord stenting suture allows for a more controlled postoperative course and a safe 2-step decrease in IOP (1:when ligature dissolves,2: when ripcord is removed). We will demonstrate the technique of insertion and scheduled removal.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK5
TITLE	Yet another woe - Ultra rapid fibro vascular growth over AGV tube
CHIEF AUTHOR	Dr. Mandabi Sengupta
PRESENTING AUTHOR	Dr. Mandabi Sengupta
CO-AUTHOR(S)	NA
SYNOPSIS	40 year old myope underwent AGV implantation with pars plana tube. Presented with high IOP and no bleb. Tube blockage was suspected. Thick fibrovascular membrane was seen over tube. Incised with 25G MVR. Nonvalved small tube models may prove better.





ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK6
TITLE	Tube extender in a retracted AGV tube post penetrating keratoplasty glaucoma
CHIEF AUTHOR	Dr. Gazella Bruce Warjri
PRESENTING AUTHOR	Dr. Gazella Bruce Warjri
CO-AUTHOR(S)	NA
SYNOPSIS	The video highlights the use of a tube extender in a case of AGV tube retraction post penetrating keratoplasty glaucoma





ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK7
TITLE	Precision under Pressure: Ahmed Clear Path-Made Easy
CHIEF AUTHOR	Dr. Nidhi Tomar
PRESENTING AUTHOR	Dr. Nidhi Tomar
CO-AUTHOR(S)	NA
SYNOPSIS	It is a non-valved GDD which provide effective control in refractory glaucoma, particularly in paediatric eyes and small orbits. It eliminate the need for tube ligation. Surgical expertise is key to optimising outcomes and minimising complications





ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK10
TITLE	Tackling Triple Trouble-Bilateral congenital Microcoria, Cataract and Juvenile glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	NA
SYNOPSIS	Bilateral microcoria ,with poor pupillary dilatation (<2 mm) is associate with juvenile glaucoma and cataract .Pupilloplasty , iris hook assisted lens aspiration with PCIOL and trabeculectomy with MMC was done sequentially in both eyes.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK11
TITLE	Salvaging Circumferential GATT: Managing Suture Entrapment Near a Trabeculectomy Ostium
CHIEF AUTHOR	Dr. Anchal Gera
PRESENTING AUTHOR	Dr. Anchal Gera
CO-AUTHOR(S)	NA
SYNOPSIS	When the GATT suture stalls near a previous trabeculectomy ostium, gonioscopic confirmation and pulsed micro-advancement may help overcome focal fibrosis and complete 360° trabeculotomy



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK12
TITLE	Just Tuck It
CHIEF AUTHOR	Dr. Maneesh Singh
PRESENTING AUTHOR	Dr. Maneesh Singh
CO-AUTHOR(S)	NA
SYNOPSIS	The video demonstrates a technique of double scleral tunnel to manage a case of recurrent tube erosion. This patient with Neovascular Glaucoma had tube erosion twice within 3 weeks and immunological mechanism of scleral graft melt was suspected.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK14
TITLE	One shot -Two Targets- Break the block ; Restore the flow – A tale of Silicon oil Glaucoma
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	NA
SYNOPSIS	Silicone oil glaucoma remains a challenging secondary glaucoma often having multiple mechanisms of IOP rise. This video highlights a targeted dual mechanism surgical strategy—with GSL-MIGS and Surgical iridotomy.



ABSTRACTS

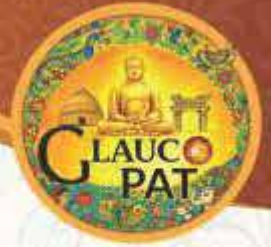


VIDEO TALK

ABSTRACT NO	VTK15
TITLE	Endocyclohexy for Cyclodialysis Cleft in Phakic Eye: Expanding Indications
CHIEF AUTHOR	Dr. Adwitiya Biswas
PRESENTING AUTHOR	Dr. Adwitiya Biswas
CO-AUTHOR(S)	NA
SYNOPSIS	Ab-interno endocyclohexy was performed in a 5-year-old with PCG and persistent hypotony post-goniotomy. AS-OCT confirmed cleft. Suture repair achieved closure, IOP 8 mmHg. Shows safe extension of technique to selected phakic eyes.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK16
TITLE	A simple anterior approach for the management of malignant glaucoma
CHIEF AUTHOR	Dr. Sushma Tulava
PRESENTING AUTHOR	Dr. Sushma Tulava
CO-AUTHOR(S)	NA
SYNOPSIS	This video demonstrates irido-zonulo-hyaloido-vitreotomy via an anterior approach to create a unicameral chamber, thereby relieving aqueous misdirection



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK17
TITLE	Bridging the Gap: From Unconscious Incompetence to Conscious Competence
CHIEF AUTHOR	Dr. Saloni Joshi
PRESENTING AUTHOR	Dr. Saloni Joshi
CO-AUTHOR(S)	NA
SYNOPSIS	GOLY delivers real-time remote mentorship in glaucoma surgery via live streaming, bridging the gap to independent practice, enhancing confidence, reducing errors, and enabling continuous learning through recorded surgical feedback.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK20
TITLE	Illuminate the concealed; An innovative method to identify the path of Schlemm's canal
CHIEF AUTHOR	Dr. Bhawesh Chandra Saha
PRESENTING AUTHOR	Dr. Bhawesh Chandra Saha
CO-AUTHOR(S)	NA
SYNOPSIS	Novel trabeculotomy technique using a 25G light pipe to identify Schlemm's canal in buphthalmic eyes where landmarks are lost, improving accuracy and preventing false passage of trabeculotome, offering a cost-effective alternative to microcatheter.



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK21
TITLE	Two Cysts, Two Stories-Burst or Sclerose?
CHIEF AUTHOR	Dr. Saloni Goyal
PRESENTING AUTHOR	Dr. Saloni Goyal
CO-AUTHOR(S)	NA
SYNOPSIS	This video highlights etiology-driven management of iris cysts through two contrasting cases as pigment epithelial cysts respond to cystotomy while stromal cysts require sclerosing therapy.



ABSTRACTS



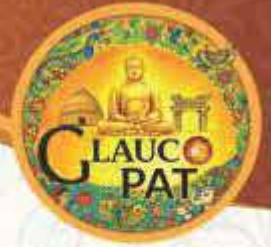
VIDEO TALK

ABSTRACT NO	VTK22
TITLE	Bleed behind the beam
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	NA
SYNOPSIS	Laser peripheral iridotomy (LPI) is the standard prophylactic treatment for angle closure disease. Hyphema after LPI is usually self-limiting and rarely requires intervention. A 59-year-old male with bilateral primary angle closure suspect underwent prophylactic LPI in both eyes and developed an eight-ball hyphema in the left eye. Further evaluation revealed immune thrombocytopenia as the underlying cause. Multiple platelet concentrate transfusions were administered to stabilize platelet counts, following which anterior chamber wash with cataract extraction and posterior chamber intraocular lens implantation was performed in the same sitting. The combined approach improved vision, deepened the anterior chamber, and reduced the risk of peripheral anterior synechiae formation and rebleeding. This case highlights the importance of detailed systemic and drug history evaluation prior to ocular procedures.





ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK23
TITLE	Don't Sweat over A Sweating Bleb: Modified Seidel's Test
CHIEF AUTHOR	Dr. Siddharth Dikshit
PRESENTING AUTHOR	Dr. Siddharth Dikshit
CO-AUTHOR(S)	NA
SYNOPSIS	A modification of the Seidel's Test helps Identify a Sweating in Thin-Cystic Blebs



ABSTRACTS



VIDEO TALK

ABSTRACT NO	VTK24
TITLE	Non-Valved Implants – No Longer a Nightmare!
CHIEF AUTHOR	Dr. Sahiti Puttagunta
PRESENTING AUTHOR	Dr. Sahiti Puttagunta
CO-AUTHOR(S)	NA
SYNOPSIS	Transitioning from valved to non-valved implants, often presents a steep learning curve. In this video, we focussed on critical steps like rectus muscle identification, and management of ripcord that define success with non-valved implants.



ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP6
TITLE	"The Everest Paradox: when anti altitude therapy triggers angle closure at base camp"
CHIEF AUTHOR	Dr. Lalitha K.J
PRESENTING AUTHOR	Dr. Lalitha K.J
CO-AUTHOR(S)	Dr. Niharika Singri Prasad
SYNOPSIS	A 38-year-old patient presented with blurred vision in both eyes for 10 days. He had taken Tab Acetazolamide 250 mg/day for 10 days as prophylaxis for altitude sickness during travel to Mt Everest Base Camp and stopped 4 days after returning to sea level. BCVA 6/6 with -2.5 DS in the RE and -2.0 DS in the LE. IOP was 30 (RE) and 28 mmHg (LE) with shallow anterior chambers (grade 2) in both eyes. UBM showed bilateral ciliochoroidal effusion. A diagnosis of drug-induced ciliochoroidal effusion with myopia was made. Treatment included steroids, cycloplegics and anti-glaucoma medications. At 3 weeks, IOP reduced to 14 mmHg, vision improved to 6/6 nil glasses, anterior chamber depth normalized and effusion resolved. This highlights Acetazolamide-induced ciliochoroidal effusion and need for cautious use in altitude prophylaxis. If taking Acetazolamide to prevent altitude sickness, we advise a drug trial in a safe environment, to allow any potential side effects to be identified and managed.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP9
TITLE	Inadvertent cyclodialysis cleft following tanito microhook trabeculotomy: A case series
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	Dr. DEEPA RAMAMOORTHY Dr. Sheetal Dr. Yamini K
SYNOPSIS	We aim to report a series of 4 patients who developed inadvertent cyclodialysis cleft(CDC) following combined phacoemulsification with Tanito microhook trabeculotomy (TMH).A retrospective chart review was done, analysing demographics, intraocular pressure(IOP), preoperative antiglaucoma medications, axial length, diagnosis and postoperative IOP, gonioscopy and anterior segment optical coherence tomography (AS-OCT) at day 1, 30, 60 and 90.CDC was diagnosed as early as day 1 and as late as 1 year after surgery. All 4 patients had numerical but no clinical hypotony despite the presence of a well-defined CD cleft in AS-OCT. Visual acuity was 6/6 and anterior chamber was well formed in all visits. OCT did not show hypotony maculopathy, hence conservative treatment was given. En-face view is really critical with MIGS and compromise in this can lead to improper plane of cleavage leading to CD cleft.AS-OCT is a non-invasive tool to pick up subtle CD clefts and associated suprachoroidal effusions.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP11
TITLE	Comparative Outcomes of NPDS and GATT in Advanced Open Angle Glaucoma: A 12-Month Prospective Study
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Aim-To compare 2-month outcomes of NPDS & GATT in advanced OAG. Methods: Retrospective study.92 eyes with advanced POAG/PXFG (42 NPDS, 50 GATT). Success was defined by 3 criteria: ≤ 21 mmHg with $\geq 20\%$ reduction, ≤ 18 mmHg with $\geq 25\%$ reduction, ≤ 15 mmHg with $\geq 30\%$ reduction Results: Both groups showed significant IOP reduction at all visits ($p < 0.001$). At 12 months, mean IOP was comparable (NPDS 13.5 ± 3.2 mmHg vs GATT 12.6 ± 3.4 mmHg, $p = 0.179$). IOP reduction was significantly more in NPDS group (46.8% Vs 36.8%, $p = 0.004$).GATT achieved significantly lower AGM use (0.1 ± 0.4 vs 1.6 ± 1.0, $p < 0.001$). Complete success under criteria 1 was higher with GATT (82% vs 14%, $p < 0.001$). Kaplan-Meier analysis showed similar cumulative success rates across groups ($p > 0.7$). No major sight-threatening complications were observed in both groups. Conclusions: NPDS and GATT both provided significant IOP reduction in advanced glaucoma, but GATT achieved greater medication independence and visual recovery.



ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP13
TITLE	Revisiting Ergonomics- Semicircular scleral flap in trabeculectomy
CHIEF AUTHOR	Dr. Vidya Wadke
PRESENTING AUTHOR	Dr. Vidya Wadke
CO-AUTHOR(S)	Dr. Anjali Mahesh Wadhwa
SYNOPSIS	"Aim- To propose semicircular scleral flap in trabeculectomy. Materials– As a pilot project, three patients underwent trabeculectomy with mitomycin C under standard institute protocol and with safe surgery techniques, with a modification in the shape of the sclera flap. A semicircular partial thickness sclera flap was fashioned with a base measuring 3.5 mm. Trabeculectomy stoma of around 1 mm was made to maintain a margin of at least 1 mm from the sclera edge to prevent hypotony. The flap was sutured with 1 fixed and 2 releasable 10-0 nylon sutures. Results – All three patients had an uneventful postoperative period with a diffuse bleb spreading uniformly along the flap arc. Hypotony or early failure was not encountered. Mean post-operative intraocular pressure at 4 weeks was 11 mm Hg. Conclusion- A semicircular scleral flap offers an ergonomically sound (illustrated with photos, diagrams) , biomechanically stable and practically easy option for achieving a uniform diffuse bleb."





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP14
TITLE	AGV Tube Extension for Tube Retraction in Post-Keratoplasty Glaucoma
CHIEF AUTHOR	Dr. Divya Kotcharlakota
PRESENTING AUTHOR	Dr. Divya Kotcharlakota
CO-AUTHOR(S)	Dr. Gazella Bruce Warjri Dr. Manav Deep Singh
SYNOPSIS	To describe management of Ahmed glaucoma valve (AGV) tube retraction in secondary glaucoma following penetrating keratoplasty. A post-keratoplasty eye with prior AGV presented with tube retraction and inadequate tube position. Preoperative intraocular pressure (IOP) was 26 mmHg on maximal medical therapy. Surgical tube extension using a "tube-in-tube technique" with tube extender was performed with repositioning into the anterior chamber, ensuring adequate endothelial clearance. Postoperatively, the tube was well positioned with maintained graft clarity. IOP was 26 mmHg without anti-glaucoma medications, indicating restoration of aqueous outflow with elimination of medical therapy. Visual acuity remained stable and no complications such as tube exposure, obstruction, or graft decompensation were noted. This case highlights tube extension as a practical and graft-sparing alternative to device revision in complex post-keratoplasty glaucoma.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP15
TITLE	Clinical Implications of GFR Technology in BAK-Free Latanoprost + Timolol FDC
CHIEF AUTHOR	Dr. Komelabbas Gulamabbas Bhojani
PRESENTING AUTHOR	Dr. Neeraj Markandeywar
CO-AUTHOR(S)	Dr. Amey Mane Dr. Suyog Mehta Dr. Shilpa
SYNOPSIS	Fixed-dose combinations of latanoprost 0.005% and timolol 0.5% are central to glaucoma care; however, conventional formulations are limited by Benzalkonium Chloride (BAK) preservative toxicity and cold-chain requirements. Gel-Free Reservoir (GFR) technology in BAK free latanoprost 0.005% + timolol 0.5% FDC (BFLTFC) utilizes a tear-mimicking polymer network with polyethylene glycol-400 to form a lubricating, film-forming layer, enhancing precorneal residence and once daily dosing. A 6-week, randomized, open-label, parallel-group study in POAG or OHT patients (n=227) showed that ~78% achieved IOP ≤ 18 mmHg, demonstrating efficacy and tolerability of BFLTFC, non-inferior to concomitant administration of conventional latanoprost and timolol. Room temperature stability and a BAK-free, self-preserved system in BFLTFC enhance real-world usability, ocular surface safety, and suitability for long-term use.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP17
TITLE	Balancing Vision and Ventilation: A Syndromic Congenital Glaucoma Case
CHIEF AUTHOR	Dr. Vardhineedi Satya Amrita
PRESENTING AUTHOR	Dr. Vardhineedi Satya Amrita
CO-AUTHOR(S)	Dr. Gowri.J. Murthy Dr. Meghana R Hiremath Dr. Priyanka Sudhakar
SYNOPSIS	Management of congenital glaucoma secondary to angular dysgenesis requires prompt surgical intervention; however syndromic cases add systemic challenges. We present a 6-month-old infant with bilateral megalocornea, oxygen dependency and history of recurrent broncho pneumonitis since birth, contextualized by phenotypic constellation of trigonocephaly, oculocutaneous albinism, retrognathia, hypotonia, pectus excavatum and polymicrogyria. Chromosomal microarray elucidated a 9p deletion syndrome. Intersection of chronic pulmonary pathology and neurodevelopmental delay precipitated acute perioperative risks, including precarious airway management and delayed extubation. Examination Under Anesthesia confirmed glaucomatous optic neuropathy and a minimally invasive angle procedure was done to mitigate anesthetic exposure. While IOP was stabilized in post-operative period, the child required 5 days monitoring in ICU. In syndromic congenital glaucoma, success extends beyond IOP control to systemic safety.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP22
TITLE	Behind the Port-Wine Stain: Infantile Glaucoma Unmasking Sturge–Weber Syndrome
CHIEF AUTHOR	Dr. Bhawesh Chandra Saha
PRESENTING AUTHOR	Dr. Bhawesh Chandra Saha
CO-AUTHOR(S)	Dr. Divya Kesarwani Dr. Rashmi Chandra Dr. Zeba Khanam
SYNOPSIS	Introduction: Glaucoma in Sturge–Weber syndrome (SWS) usually presents unilaterally in later childhood; bilateral infantile onset is uncommon and carries a high risk of irreversible visual loss. Early recognition and intervention are essential. Case Series: Five children (8 months–10 years) with facial port-wine stains presented with watering, photophobia, corneal edema, and enlarged corneal diameters. Two had bilateral involvement and three unilateral disease. Elevated intraocular pressure confirmed SWS-associated glaucoma in all affected eyes. All patients underwent staged combined trabeculotomy-trabeculectomy. Postoperatively, corneal clarity improved, photophobia resolved, and intraocular pressure remained well controlled, with improved visual outcome. Conclusion: Infantile glaucoma in SWS may be aggressive and bilateral. Timely surgical intervention is effective in controlling IOP, restoring corneal transparency, and supporting visual development.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP25
TITLE	A Rare Presentation of Primary Angle Closure Glaucoma in Young Female Associated with Keratoconus
CHIEF AUTHOR	Dr. Priyadarshni S
PRESENTING AUTHOR	Dr. Vidya Raja
CO-AUTHOR(S)	Dr. Priyadarshni S
SYNOPSIS	Introduction: Glaucoma in Sturge–Weber syndrome (SWS) usually presents unilaterally in later childhood; bilateral infantile onset is uncommon and carries a high risk of irreversible visual loss. Early recognition and intervention are essential. Case Series: Five children (8 months–10 years) with facial port-wine stains presented with watering, photophobia, corneal edema, and enlarged corneal diameters. Two had bilateral involvement and three unilateral disease. Elevated intraocular pressure confirmed SWS-associated glaucoma in all affected eyes. All patients underwent staged combined trabeculotomy-trabeculectomy. Postoperatively, corneal clarity improved, photophobia resolved, and intraocular pressure remained well controlled, with improved visual outcome. Conclusion: Infantile glaucoma in SWS may be aggressive and bilateral. Timely surgical intervention is effective in controlling IOP, restoring corneal transparency, and supporting visual development.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP26
TITLE	Behind the Closed Angle
CHIEF AUTHOR	Dr. Darshika N
PRESENTING AUTHOR	Dr. Darshika N
CO-AUTHOR(S)	Dr. Pradeep Sagar Dr. Kamala Mahesh
SYNOPSIS	A 38 year old patient came with blurring of vision In the right eye for 5 days, anterior chamber was shallow in that eye , on fundus examination right eye showed optic disc oedema, multiple cotton wool spots ,left eye fundus also showed optic disc oedema , multiple cotton wool spots , superior temporal quadrant suggesting sclerosed vein , right eye ASOCT showed marked severe ciliary body body effusion , based on the above finding , the patient was diagnosed as Right eye secondary angle closure s/p ciliary body effusion secondary to grade 4 hypertensive retinopathy, left eye grade 4 hypertensive retinopathy with ST BRVO



ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP28
TITLE	Seeing the unseen: Ciliary body melanoma hiding behind raised IOP
CHIEF AUTHOR	Dr. Antara
PRESENTING AUTHOR	Dr. Antara
CO-AUTHOR(S)	Dr. Navjot Ahluwalia Dr. Rakesh Shakya
SYNOPSIS	Ciliary body melanoma is a rare intraocular malignancy often missed due to its hidden location. We report a 59-year-old male presenting with painful vision loss and markedly elevated intraocular pressure following blunt ocular trauma. He was initially diagnosed as post-traumatic glaucoma. However, atypical findings including irregular anterior chamber depth, localized angle closure, and abnormal iris configuration raised suspicion of an underlying lesion. Further evaluation with anterior segment OCT and ultrasound biomicroscopy revealed a well-defined ciliary body mass. A diagnosis of ciliary body melanoma was made. This case highlights how such tumors can mimic secondary angle-closure glaucoma, leading to diagnostic delay. Careful clinical evaluation and timely imaging are essential in atypical or non-resolving cases to avoid missing underlying intraocular malignancy.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP29
TITLE	The Scleral Sieve: A Recurrent Puzzle Solved by Genetic Testing
CHIEF AUTHOR	Dr. Salwa Kaidakath
PRESENTING AUTHOR	Dr. Salwa Kaidakath
CO-AUTHOR(S)	Dr. Meena Menon Dr. Shalini Shalini
SYNOPSIS	A 40-year-old male presented with progressive vision loss in the right eye and a history of childhood bilateral cataract and glaucoma filtration surgeries. Examination revealed bilateral aphakia, overfiltering blebs, scleral thinning with patch graft and right eye hypotonous maculopathy (IOP: RE 4mmHg, LE 6mmHg). Despite prior scleral patch grafts done elsewhere, hypotony persisted. The patient underwent bilateral bleb excision: the right eye received a platelet-rich fibrin (PRF) membrane graft and the left eye a scleral patch graft. Systemic inflammatory workup was negative. Given the recurrent scleral melting and surgical history, targeted gene sequencing was performed, identifying a pathogenic variant in the ASPH gene (p.Trp743Ter), confirming a diagnosis of Traboulsi syndrome. Postoperatively, the maculopathy resolved and IOP stabilized (RE 8mmHg, LE 10mmHg). This case emphasizes considering rare genetic disorders in pathological scleral thinning to ensure tailored surgical planning.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP31
TITLE	Measuring visual fields in children with glaucoma using Baby Vision Screener (BaVis).
CHIEF AUTHOR	Dr. Sushma Tulava
PRESENTING AUTHOR	Dr. Sushma Tulava
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	To evaluate BaVis for estimating visual fields in children with glaucoma. Cross-sectional study using an in-house device with a hemispherical LED dome and infrared gaze tracking enabling kinetic perimetry. Visual field isopters were mapped and correlated with optic disc findings. Field constriction was defined as $<40^\circ$ superiorly and $<50^\circ$ inferiorly. Fifteen children with glaucoma (mean age 6.6 ± 2.16 years), all with visual acuity $> 20/200$, and clear corneas and fellow eyes of nine children with unilateral glaucoma were recruited as controls were tested monocularly. The testing was feasible in 85%. Among eyes with disc damage ($n=6$), 4 showed field constriction (true positives) and 2 did not (false negatives). Among eyes with healthy discs ($n=9$), 6 were true negatives and 3 false positives. Sensitivity and specificity were 66.6%. BaVis is a promising child-friendly tool for early visual field assessment and longitudinal monitoring until conventional perimetry becomes feasible.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP32
TITLE	Safety & Efficacy of Minimally Invasive Glaucoma Surgery with KDB in Primary Angle-Closure Glaucoma.
CHIEF AUTHOR	Dr. Shweta Ishwar Parsawar
PRESENTING AUTHOR	Dr. Shweta Ishwar Parsawar
CO-AUTHOR(S)	Dr. Murali Ariga Dr. Sugepriya Krishnamoorthy
SYNOPSIS	Primary angle-closure glaucoma (PACG) is a leading cause of irreversible visual impairment, particularly in Asian populations. While trabeculectomy remains the standard surgical option, it is associated with significant complications. Minimally invasive glaucoma surgery (MIGS), including iStent implantation and Kahook Dual Blade goniotomy, has emerged as a safer alternative with fewer complications, though its role in PACG is still evolving. This study aims to evaluate the safety and efficacy of MIGS with KDB in PACG patients with adequately opened angles following laser peripheral iridotomy. In this retrospective study, 26 eyes undergoing MIGS + phacoemulsification are assessed. Primary outcome measures include reduction in intraocular pressure (IOP), while secondary outcomes include incidence of complications. Findings from this study may help establish MIGS as a viable surgical option in selected PACG cases with favorable safety outcomes.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP35
TITLE	Expanding EFEMP1 Spectrum - Juvenile Open Angle Glaucoma and Doyne Honeycomb Dystrophy in 2 Families
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinya Kolipaka
CO-AUTHOR(S)	Dr. Goura Chattannavar Dr. Sirisha Senthil
SYNOPSIS	To describe the clinical and genetic profile of a rare EFEMP1 variant presenting with combined juvenile open-angle glaucoma (JOAG) and Doyne honeycomb retinal dystrophy (DHRD). This study included 5 patients from 2 unrelated families with overlapping aggressive JOAG and DHRD phenotype who underwent detailed ocular evaluation and genetic testing. Two index patients had elevated intraocular pressure, advanced disc damage, and characteristic peripapillary and peripheral drusen. Fundus autofluorescence showed peripapillary hyperautofluorescence, and OCT revealed hyperreflective elevations. Genetic analysis identified a likely pathogenic EFEMP1 c.1480T>C (p.Ter494GlnextTer29) variant segregating with disease in both families. One patient stabilized after trabeculectomy, while another required multiple interventions. These findings expand the phenotypic and genotypic spectrum of EFEMP1 and represents the first report of this variant causing combined JOAG–DHRD in the Indian population.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP37
TITLE	Molecular and Histopathological Insights into the Lens Capsule in Iridocorneal Endothelial Syndrome
CHIEF AUTHOR	Dr. Julie Pegu
PRESENTING AUTHOR	Dr. Julie Pegu
CO-AUTHOR(S)	Dr. Geetanshu Gumber Dr. Nisha Sinha
SYNOPSIS	Iridocorneal Endothelial (ICE) syndrome is primarily characterized by an abnormal corneal endothelium that proliferates and migrates across the angle and iris, leading to peripheral anterior synechiae and secondary glaucoma. While corneal and angle changes have been extensively studied, lens capsule involvement is rarely reported. In our case, during cataract surgery in a unilateral ICE syndrome patient with abnormal specular microscopy, we observed and harvested an additional membrane adherent to the anterior lens capsule. Histopathological and molecular analysis revealed pleomorphic, fibrotic changes with α-SMA-positive myofibroblasts and increased TNF-α and fibronectin, suggesting chronic inflammation-induced fibrotic remodeling without epithelial-mesenchymal transition (EMT). These findings point to a possible novel pathway of ICE-related fibrotic changes extending to the lens capsule, a site not traditionally associated with ICE pathology.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP38
TITLE	Restoring the Surface, Controlling the Pressure: A Stevens–Johnson Challenge.
CHIEF AUTHOR	Dr. Shalini Shalini
PRESENTING AUTHOR	Dr. Shalini Shalini
CO-AUTHOR(S)	Dr. Meena Menon
SYNOPSIS	A 25 years old female with a known history of Stevens–Johnson syndrome presented with severe ocular sequelae, including sub-epithelial fibrosis, keratinization of the lid margin and tarsal conjunctiva, corneal haze, complicated cataract, and secondary glaucoma uncontrolled on maximal medical therapy. The case posed significant therapeutic challenges requiring a multidisciplinary and staged approach. Initial management focused on controlling intraocular pressure with trabeculectomy. This was followed by ocular surface rehabilitation with symblepharon release and mucous membrane grafting, along with lid reconstruction. The case highlights the complexity of managing advanced ocular surface disease with coexisting glaucoma in Stevens–Johnson syndrome. A stepwise, tailored approach addressing both intraocular pressure and ocular surface integrity is essential to optimize visual outcomes and long-term stability.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP41
TITLE	The Great Masquerader: Viral Keratoscleritis Mimicking SINS Post Trabeculectomy
CHIEF AUTHOR	Dr. Prashant P Srivastava
PRESENTING AUTHOR	Dr. Prashant P Srivastava
CO-AUTHOR(S)	NA
SYNOPSIS	Surgically induced necrotizing scleritis (SINS) is a rare complication of ocular surgery. A 52-year-old male with primary open-angle glaucoma underwent phaco-trabeculectomy with MMC in the left eye. The early postoperative period was uneventful, but on 8th day the patient presented with severe pain, vision loss, marked congestion, corneal melt with descemetocoele & inflamed sclera around the bleb. Differentials included MMC toxicity, SINS, autoimmune necrotizing scleritis and viral etiology. Initial management with cyanoacrylate glue, bandage contact lens, topical steroids, antibiotics, and oral steroids showed no clinical improvement. Following initiation of oral antiviral therapy (valacyclovir), there was rapid and significant resolution of inflammation, confirming a viral cause. This case highlights that lack of response to conventional therapy should raise suspicion of viral scleritis, especially with corneal involvement, and early antiviral therapy can be vision-saving.





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP50
TITLE	Transient ciliochoroidal detachment after GATT- a Case Series
CHIEF AUTHOR	Dr. Ramarghya Kusum Chakraborty
PRESENTING AUTHOR	Dr. Ramarghya Kusum Chakraborty
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nidhi Tomar Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	"Purpose: To report transient Ciliochoroidal effusion in first post-operative week in 3 patients after GATT surgery. Materials and methods: 3 patients presented with low IOP(6 ± 1.8 mm hg) with van herick grade 2 shallow anterior chamber in the first post-operative week after undergoing phacoemulsification combined with GATT. ASOCT showed grade 2 to 3 ciliochoroidal effusion. Patients were followed up on 2 weeks, 1 month and 3 months. CCD resolved over 3-4 weeks on conservative management with topical steroids and cycloplegics. Conclusion: Ciliochoroidal detachment after GATT is rare and associated with low IOP immediately after surgery. Postoperative CCD May be partially attributed to the transient increase in uveo-scleral aqueous outflow via the trabeculotomy site."





ABSTRACTS



PHYSICAL POSTER

ABSTRACT NO	EP53
TITLE	Impact of Repeated Ethylene Oxide Resterilization on Accuracy of Non Contact Tonometry
CHIEF AUTHOR	Dr. Raveendra Tammineni
PRESENTING AUTHOR	Dr. Subhashree Panda
CO-AUTHOR(S)	NA
SYNOPSIS	Purpose: To determine the effect of repeated ethylene oxide (ETO) resterilization on the accuracy of non contact tonometry (NCT) compared with Goldmann applanation tonometry (GAT).Methods: This prospective pilot study included 36 eyes of 20 patients. Eyes were grouped as normal IOP (<21 mmHg) or high IOP (≥ 21 mmHg) based on GAT. Intraocular pressure measured sequentially with GAT and NCT. The NCT air nozzle assembly underwent four successive ETO resterilization cycles, with paired NCT–GAT measurements obtained at baseline and after each cycle. Agreement was assessed using correlation and Bland–Altman analysis. Results: Baseline agreement was good ($r = 0.86$; mean difference ± 1.2 mmHg). Progressive deterioration in agreement occurred with repeated resterilization, with mean differences increasing to 2.8–3.5 mmHg after later cycles. Underestimation by NCT was more pronounced in high IOP eyes. Conclusion: Repeated ETO resterilization compromises NCT accuracy, particularly at higher IOP levels





ABSTRACTS



E-POSTER

ABSTRACT NO	EP1
TITLE	Neovascular Glaucoma in a Young Patient Post-Atrial Myxoma Resection
CHIEF AUTHOR	Dr. Sagarika Snehi
PRESENTING AUTHOR	Dr. Sagarika Snehi
CO-AUTHOR(S)	Dr. Kanishk Singh Dr. Rajesh Pattebahadur
SYNOPSIS	A 16-year-old male with prior cerebrovascular accident and recent atrial myxoma surgery presented with sudden vision loss in the left eye. Examination revealed neovascular glaucoma (IOP 45 mmHg), rubeosis iridis, disc neovascularization, and foveal thinning. Fundus findings showed features of both CRAO and ischemic CRVO, including retinal hemorrhages and vessel sclerosis, suggesting ongoing embolic risk despite tumor excision. The patient underwent panretinal photocoagulation and was maintained on systemic anticoagulation with close monitoring. Conclusion: Retinal vascular occlusions are rare in children, with atrial myxoma being a key cause. This case underscores that sight- and life-threatening complications may occur even after tumor removal, highlighting the need for lifelong surveillance, early ophthalmic evaluation, and prompt systemic referral.





ABSTRACTS

E-POSTER



ABSTRACT NO	EP2
TITLE	AGV in refractory secondary glaucomas: a case series
CHIEF AUTHOR	Dr. Swati Singh
PRESENTING AUTHOR	Dr. Swati Singh
CO-AUTHOR(S)	Dr. Harish HS Dr. Obuli Ramachandra Dr. Ritesh Narula
SYNOPSIS	6 eyes of 5 patients with complicated secondary glaucomas not responding to medical therapy underwent AGV surgery 1. Female with ACIOL and recurrent uveitis. ACIOL explanted, PPV with SFIOL+AGV+SPG done with tube in vitreous cavity. IOP controlled on single AGM 2. Pseudophakic female with NVG post PRP+ antivegf injection. AGV+SPG done with tube in sulcus. IOP normal on 2 drugs. 3. Pseudophakic female s/p VR surgery, post SOR had severe refractory glaucoma. AGV +SPG done with tube in AC. Stable on single medication 4. Pseudophakic male with s/p VR surgery and scleral buckle and refractory angle recession glaucoma. ST AGV + SPG done after cutting a small portion of scleral buckle to adjust valve. Stable on 2 drugs after 3 months 5. Pseudophakic female. Thyroid ophthalmopathy+steroid responder. OD attempted trab, OS failed trab E/W. AGV done in Right followed by left eye. IOP under control with medication. It was possible to salvage vision in these difficult cases using a drainage device





ABSTRACTS



E-POSTER

ABSTRACT NO	EP3
TITLE	Disc edema or something else in ocular hypertension patient
CHIEF AUTHOR	Dr. Himani Jamod Bharti
PRESENTING AUTHOR	Dr. Himani Jamod Bharti
CO-AUTHOR(S)	Dr. Twinke Shah
SYNOPSIS	Peripapillary retinoschisis is characterised by the splitting of the peripapillary retinal nerve fibre layer (pRNFL). Its association with different types of glaucoma has been studied and established. Complications like retinal detachment or maculopathy that endanger vision are if present, retinal intervention is performed. We present one case of a glaucoma patient arrived with a complaint of watering, redness and itching in both eyes. Fundus examination was conducted when a disc edema in both eyes was detected on 90 D examination. After assessment of disc with OCT it was established that it's a peripapillary retinoschisis not papilledema. Anti-allergic treatment was given for allergic reactions to anti glaucoma medications (AGM). In order to control intraocular pressure, alternative AGM were recommended and retinal pathology is kept under monitoring. Retinoschisis is not rare to find. It is followed by resolution with few pRNFL changes which can modify the glaucoma treatment.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP4
TITLE	The Paradox of Ischemia in Retinitis Pigmentosa: A Case of Neovascular Glaucoma
CHIEF AUTHOR	Dr. Kanishk Singh
PRESENTING AUTHOR	Dr. Kanishk Singh
CO-AUTHOR(S)	Dr. Rajesh Pattebahadur Dr. Sagarika Snehi
SYNOPSIS	Retinitis pigmentosa (RP) is typically associated with progressive photoreceptor degeneration and is conventionally believed to confer protection against proliferative retinopathies such as neovascular glaucoma (NVG). We present a perplexing case of a 51-year-old female with longstanding RP who developed NVG in one eye, challenging established notions. In the other eye, fundus evaluation revealed concurrent features of RP and neovascularization, prompting further investigations. This case underscores the rarity of NVG in RP and suggests a multifactorial etiology involving retinal ischemia and angle-closure glaucoma. Vigilant monitoring and comprehensive management strategies are crucial in such atypical presentations of RP.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP7
TITLE	When treatment turns threat: multidrug induced bilateral Acute Angle Closure (ACC)
CHIEF AUTHOR	Dr. Lalitha K.J
PRESENTING AUTHOR	Dr. Lalitha K.J
CO-AUTHOR(S)	Dr. Niharika Singri Prasad
SYNOPSIS	56-year-old patient presented with diminution of vision in BE for 10 days. At a local hospital, IOP was elevated and she was started on oral Acetazolamide 250 mg BD with topical AGM. On presentation vision in BE-CFCF, IOP 54 (RE) and 46 mmHg (LE). Examination showed cornea-dense striae keratopathy, flat AC, and PCIOL in BE. UBM revealed bilateral ciliochoroidal effusion. History revealed concurrent use of Sulfasalazine for arthritis, and Amitriptyline for neuropathic pain. A diagnosis of bilateral AAC with ciliochoroidal effusion secondary to multiple drugs was made. All drugs were stopped and treated with topical steroids, cycloplegics, and AGM. At one month, vision improved to 6/9, IOP 14 mm of Hg (BE), AC normalized, and effusion resolved, though endothelial counts were reduced. Multiple drugs causing same side effects will cause severe side effects which takes long time to recover and may lead to permanent problem. Proper diagnosis and treatment is important to prevent blindness.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP8
TITLE	Histology & genetics to the rescue in a family with congenital corneal opacity
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	Dr. Nayantra Manikumar
SYNOPSIS	A 28-year-old man has had defective vision since birth. He had some surgery at 6 months of age to reduce eye pressure OU. VA:1/60 OD, 3/60 OS. IOP: 12/10 mmHg OD/OS. Slit-lamp showed OU flat bleb, diffuse corneal haze with spheroidal degeneration (SD), surgical iridectomy & clear lens. Gonioscopy: no ostium. OU Congenital hereditary endothelial dystrophy (CHED) with SD was diagnosed and OU penetrating keratoplasty (PK) was done. Histopathology (HP) showed thickened descemet membrane & SD. At final visit, VA was OD 6/18, OS 6/36 & fundus CDR 0.6 OU. His affected 2nd sister with a similar picture underwent OD superficial keratectomy & OS PK. HP showed CHED with SD. Genetic testing showed splice site variant in SLC4A11 gene in both of them, while a third sister was unaffected. The patient had undergone OU trabeculectomy, for CHED mimicking as congenital glaucoma. This case illustrates the importance of histopathological-clinical-genetic correlation in diagnosing congenital corneal opacities.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP10
TITLE	Clear Cornea, silent cupping: Divergent longitudinal behavior in Primary congenital glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Surbhi tiwari
CO-AUTHOR(S)	Dr. Bibhuti Prassan Sinha Dr. Vidya Bhushan Kumar
SYNOPSIS	Aim: To describe long-term unilateral progression in primary congenital glaucoma despite persistent corneal clarity. Material and Methods: A child first examined at 3 years for unilateral buphthalmos was reassessed on long term follow-up using serial photographs, optical biometry, AS-OCT, OCT RNFL and visual field analysis. Results: Initial examination showed left buphthalmos with clear cornea and symmetrical discs (CDR 0.2:1) but elevated unilateral IOP. At follow-up, cornea remained clear, yet the left eye developed advanced cupping (CDR 0.92), RNFL thinning (68 μm), axial elongation (22.12$\square$22.87 mm) and corresponding superior field loss. The fellow eye remained structurally stable (RNFL 103 μm; axial length 21.23$\square$21.69 mm) suggesting stationary or spontaneously arrested disease. Conclusion: Childhood glaucoma may progress silently despite corneal clarity, with marked inter-eye asymmetry over time. Structural surveillance remains essential even when anterior segment signs appear stable.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP12
TITLE	One-year outcomes of GATT in Advanced primary open-angle glaucoma
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Design:Prospective,Interventional.Purpose:Outcomes of GATT in advanced POAG.Methods:51 eyes of advanced POAG pts who underwent standalone GATT were included & followed for 2 wks,1,3,6&12 mo.Outcome measures were changes in IOP, BCVA,AGM,Surgical success&complications.Complete success was defined as IOP ≤ 18mmHg & 25% reduction without AGM.Results:Baseline MD was -19.18(10.06).Mean(SD) IOP decreased from 20.73 ± 8.98 to 14.59 ± 5.7,14.18 ± 5.2,15.24 ± 8.06($P < 0.001$) at 3,6,12mo.AGM reduced from 3.24 ± 0.8 to 1.08 ± 1.41,0.96 ± 1.3,1.0 ± 1.47 ($p < 0.001$) at 3,6,12 mo.The percentage reduction in IOP was 16.8% at 1 year & 58.8% of pts remained medication free.Cumulative probability of overall success was 54.9%2 patients had IOP spikes, 2 pts had microhyphema and 1 patient had macrohyphema requiring AC wash.Conclusion: GATT is safe and effective, with good IOP reduction and medication burden in advanced open angle glaucoma.This underscores its'potential to serve as a standalone procedure in advanced POAG



ABSTRACTS



E-POSTER

ABSTRACT NO	EP16
TITLE	Perceptions and prescribing patterns of brimonidine –brinzolamide FDC in glaucoma (SYNC Study)
CHIEF AUTHOR	Dr. Komelabbas Gulamabbas Bhojani
PRESENTING AUTHOR	Dr. Komelabbas Gulamabbas Bhojani
CO-AUTHOR(S)	Dr. Neeraj Markandeywar Dr. Shilpa Dr. Shruti Dharmadhikari
SYNOPSIS	Clinical practices and perceptions regarding brimonidine 0.1% and 0.2% + brinzolamide 1% FDC (BBFC 0.1% and 0.2%) and brimonidine 0.1% + dorzolamide 1% FDC (BDFC 0.1%) in glaucoma were evaluated in a cross-sectional survey of 402 Indian ophthalmologists using 14 web-based questions. Most respondents had 11–20 years' experience (34.3%) and 92.3% were glaucoma specialists. 86.6% prescribed BBFC 0.1% twice daily and 65.4% continued >12 months. Most (80.3%) reported IOP reduction within 1–4 weeks. Vs BBFC 0.2%, respondents agreed/strongly agreed that BBFC 0.1% offers comparable efficacy (60.45%), lower allergic reaction (78.11%) and drowsiness (56.47%), good/excellent tolerability (77.86%), and preference in elderly patients (74.9%). Vs BDFC 0.1%, respondents reported comparable efficacy (43.5%) and less hyperaemia (55.73%) with BBFC 0.1%, supporting preferential use.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP18
TITLE	Pregabalin Induced Bilateral Secondary Angle closure: Unsuspecting drug triggering rare complication
CHIEF AUTHOR	Dr. Usha Tejaswini S
PRESENTING AUTHOR	Dr. Usha Tejaswini S
CO-AUTHOR(S)	Dr. Kavitha Srinivasan Dr. Saloni Joshi
SYNOPSIS	A 60-year-old woman presented with bilateral eye pain, redness, and blurred vision for 2 days. Vision was 6/24 (RE) and 6/36 (LE), with markedly elevated intraocular pressure (56 mmHg RE, 50 mmHg LE). Examination revealed shallow anterior chambers, mid-dilated fixed pupils, immature cataracts, and closed angles in both eyes. B-scan ultrasonography showed shallow choroidal detachments (CD), suggesting drug-induced secondary angle closure. Despite initial withdrawal of metformin and initiation of insulin, vision worsened (RE: PL+, LE: 5/60), IOP dropped to 5 mmHg, CD increased in both eyes. Pregabalin-induced ciliochoroidal effusion was then suspected, and it was discontinued. Treatment with cycloplegics, oral corticosteroids, and intensive topical steroids led to gradual resolution of choroidal detachments, deepening of the AC and visual recovery. This rare case underscores the importance of recognizing pregabalin as a potential cause of bilateral secondary angle closure





ABSTRACTS



E-POSTER

ABSTRACT NO	EP19
TITLE	Adjacent iris cyst and scleral cyst with secondary glaucoma: Unmasking old wound
CHIEF AUTHOR	Dr. Adarsh Keshari
PRESENTING AUTHOR	Dr. Adarsh Keshari
CO-AUTHOR(S)	Dr. Julie Pegu
SYNOPSIS	A 56-year-old male with a history of ocular trauma 18 years earlier presented with decreased vision and elevated intraocular pressure in the right eye. Examination revealed an inferior iris stromal cyst causing anterior displacement of the iris–lens diaphragm and secondary angle closure glaucoma with advanced optic nerve damage. CT orbit demonstrated a 3 × 4 × 4 mm retained metallic intraocular foreign body. Despite laser peripheral iridotomy and maximal medical therapy, intraocular pressure remained uncontrolled, necessitating trabeculectomy with mitomycin-C. Postoperatively, intraocular pressure was well controlled. Subsequent lens subluxation and cataract required phacoemulsification with intraocular lens implantation. ERG showed preserved retinal function, allowing conservative management of the foreign body. At one-year follow-up, visual acuity improved to 6/9 with stable intraocular pressure.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP20
TITLE	Choroidal detachment after initiation of anti-glaucoma medication in a post trabeculectomy patient
CHIEF AUTHOR	Dr. Priya D
PRESENTING AUTHOR	Dr. Priya D
CO-AUTHOR(S)	Dr. Richa
SYNOPSIS	"Choroidal detachment is known complication following trabeculectomy which is usually associated with hypotony. We report a case of 56 year old female patient who developed choroidal detachment 2 months post trabeculectomy after initiation of anti glaucoma medication (AGM). The patient presented with discomfort and blurring of vision after initiation of AGM. Clinical examination revealed low intraocular pressure with choroidal detachment. There was no bleb leak or any inflammation. The addition of aqueous suppressant drug could had precipitated reduction of in intraocular pressure leading to hypotony and choroidal effusion. AGM was discontinued, patient was started topical steroids and cycloplegic. Subsequent follow up at the end of one month showed improvement of vision, resolution of choroid. This highlights risk of hypotony in post trabeculectomy patient with use of topical aqueous suppressant. Judicious use of AGM and monitoring required when starting AGM post trabeculectomy"





ABSTRACTS



E-POSTER

ABSTRACT NO	EP21
TITLE	Childhood Glaucoma in Maroteaux–Lamy Syndrome: Clinical Presentation and Surgical Challenges
CHIEF AUTHOR	Dr. Palla Aruna Kumari
PRESENTING AUTHOR	Dr. Palla Aruna Kumari
CO-AUTHOR(S)	Dr. Gowri.J. Murthy Dr. Priyanka Sudhakar
SYNOPSIS	Mucopolysaccharidosis Type VI (MPS VI) is rare lysosomal storage disorder featuring corneal clouding, secondary glaucoma. To highlight clinical features, surgical considerations in its management. 4-year-old girl with genetically confirmed MPS VI presented with progressive diminution of vision, intraocular pressure (IOP) of 43,35 mmHg in right & left eye, bilateral corneal haze, normal anterior chamber depth. Despite maximal anti-glaucoma therapy, IOP was uncontrolled. Examination under anaesthesia with goniotomy was planned with multidisciplinary support due to prior airway difficulties, associated hydrocephalus, all of which also made it difficult to obtain optimal head positioning required for En-face view for goniotomy. Altered angle visualization, necessitated tracing of iris processes to achieve correct surgical plane. Management of Secondary glaucoma in MPS VI requires individualized surgical planning, careful anaesthetic risk assessment, close inter-specialty collaboration.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP23
TITLE	Pain Reliever can Cause Pain: A Very Rare Case of Drug Induced Acute Angle Closure
CHIEF AUTHOR	Dr. Kajal Priya
PRESENTING AUTHOR	Dr. Kajal Priya
CO-AUTHOR(S)	NA
SYNOPSIS	25 YRS Old lady came to our OPD with sudden decrease of vision associated with pain and redness. Both eye vision was 1/60 with intraocular pressure in RE 29 and LE 28 mm of Hg. ON slit lamp examination anterior chamber depth was shallow with disc looks like a Normal . On Gonioscopy- Angles was closed with autorefracton showed myopic shift.. In history, she told yesterday night she took one tab which was Paracetamol+ Nimesulide. B scan showed mild ciliochoroidal effusion so my probable diagnosis was drug induced angle closure so started with intravenous and topical steroids with 2 antiglaucoma medication. In two days BE vision became 6/6 p with IOP in RE 15 and LE 11 with angle was open in gonio. So Proper diagnosis with treatment of etiology only are the basis of best results.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP24
TITLE	When cornea misleads and the lens reveals-Different Strokes of phacotopic Glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	Dr. Bhawesh Chandra Saha Dr. Bibhuti Prassan Sinha Dr. Vidya Bhushan Kumar
SYNOPSIS	Phacotopic glaucoma represents a dynamic spectrum of lens position induced intraocular pressure elevation, demanding mechanism-specific management. Sometimes the diagnosis is tricky due to predominant corneal haze obscuring lenticular findings. We present three distinct cases presenting with diffuse stromal edema which were initially misleading. Diagnosis was confirmed with the help of imaging. Management options varied from noninvasive LPI to ICCE depending upon the degree of subluxation. All eyes achieved effective intraocular pressure control with tailored intervention. Precision in identifying the underlying mechanism enables targeted therapy and optimal outcomes.





ABSTRACTS

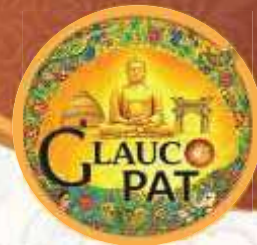


E-POSTER

ABSTRACT NO	EP27
TITLE	From Dysgenesis to Diagnosis: A Journey Through Axenfeld–Rieger Syndrome
CHIEF AUTHOR	Dr. Niyatee Uniyal
PRESENTING AUTHOR	Dr. Niyatee Uniyal
CO-AUTHOR(S)	Dr. Julie Pegu
SYNOPSIS	A 22-year-old female presented with diminution of vision in the right eye since childhood and was on maximal anti-glaucoma therapy. She was born of a consanguineous marriage. Best corrected visual acuity was 6/36 in the right eye. Intraocular pressure was 32 mmHg in the Right eye. Anterior segment evaluation revealed microcornea, posterior embryotoxon, iris strands adherent to the cornea, corectopia, peripheral anterior synechiae, and anterior segment dysgenesis in both eyes, with corneal haze and RAPD in the right eye. Gonioscopy showed 360° PAS in the right eye. Fundus examination revealed near-total cupping in the right eye and 0.3 cup-disc ratio in the left. Systemic examination showed craniofacial dysmorphism and dental anomalies. Genetic analysis revealed PITX2 alteration, confirming Axenfeld–Rieger anomaly. This case highlights the importance of early diagnosis, genetic evaluation, and timely glaucoma management in anterior segment dysgenesis syndromes.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP30
TITLE	When syndromes collide:An unexpected intersection of Crouzon , High myopia , and Advanced glaucoma
CHIEF AUTHOR	Dr. Sanchita Handa
PRESENTING AUTHOR	Dr. Sanchita Handa
CO-AUTHOR(S)	Dr. Suneeta Dubey
SYNOPSIS	Crouzon Syndrome is a rare craniosynostosis disorder associated with proptosis and raised intraocular pressure (IOP). We report a 44-year-old male with long-standing proptosis, high myopia, and uncontrolled glaucoma on maximal therapy. Examination revealed characteristic craniofacial features, elevated IOP (up to 53 mmHg), and advanced glaucomatous optic neuropathy (CDR up to 0.9). Angle crowding with prominent iris processes suggested compromised aqueous outflow. The patient underwent trabeculectomy with MMC, achieving IOP reduction to 13 mmHg with a well-formed bleb. This case highlights a rare late presentation of Crouzon syndrome with juvenile-onset open-angle glaucoma and high myopia. Raised episcleral venous pressure and structural anomalies likely contributed to glaucoma progression. Early recognition and timely surgical intervention are crucial to prevent irreversible vision loss in such atypical presentations.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP33
TITLE	A journey towards restoring sight in a child with traumatic hyphema
CHIEF AUTHOR	Dr. Rathini David
PRESENTING AUTHOR	Dr. Rathini David
CO-AUTHOR(S)	NA
SYNOPSIS	A 9 year old child who suffered a blunt trauma presented with a vision of inconsistent perception of light. On examination the child had a full chamber hyphema, corneal blood staining and vitreous hemorrhage. The intraocular pressure was under control with two topical medications. How we proceeded to salvage the eye will be the essence of the poster and an example of when persistence pays off.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP34
TITLE	Axenfeld Reiger Spectrum with a Genetic Arrangement
CHIEF AUTHOR	Dr. Julie Pegu
PRESENTING AUTHOR	Dr. Julie Pegu
CO-AUTHOR(S)	Dr. Dixit Soni Dr. Nivedita Rathore
SYNOPSIS	We report a case of syndromic anterior segment dysgenesis in a child with a complex chromosomal imbalance. Chromosomal microarray revealed a ~2.8 Mb deletion at 6p25, encompassing the FOXC1 gene, along with a ~14 Mb duplication of distal 13q22–qter. Parental evaluation identified a balanced reciprocal translocation t(6;13)(p25;q22) in the mother, with the child inheriting an unbalanced derivative chromosome through adjacent-1 segregation. Clinically, the phenotype is consistent with the Axenfeld–Rieger spectrum, attributable to FOXC1 haploinsufficiency, with additional systemic manifestations likely related to multigenic dosage effects from distal 13q duplication.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP36
TITLE	A Unique Intersection: Congenital Onset Glaucoma in Neurofibromatosis Type-1
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinya Kolipaka
CO-AUTHOR(S)	Dr. Sirisha Senthil
SYNOPSIS	"To report ocular, systemic features of patients with Neurofibromatosis type 1(NF-1) and congenital glaucoma. This retrospective study included 21 patients (22 eyes) with NF-1 and congenital glaucoma between 1995 - 2024. Genetic testing was performed in 7 patients. The median age at presentation was 0.1 years. Glaucoma was unilateral in 20/21 patients (95%), with buphthalmos in 20 eyes (91%). Median horizontal corneal diameter was 13 mm. Eyelid plexiform neurofibromas occurred in 82%, café-au-lait spots in 100%, and cranial bony abnormalities in 50% patients. Combined trabeculotomy with trabeculectomy was performed in 20 eyes. Postoperatively, IOP reduced from a median of 28 to 14 mmHg ($p=0.0003$). Genetic testing confirmed NF-1 variants in all seven tested patients. NF-1 can present with congenital onset glaucoma, often unilateral with buphthalmos. CTT is effective for IOP reduction. Visual prognosis remains guarded due to coexisting ocular and neurological pathologies."





ABSTRACTS



E-POSTER

ABSTRACT NO	EP39
TITLE	Kahook Dual Blade Goniotomy: Balancing Efficacy and Complications—A Case Series
CHIEF AUTHOR	Dr. Nafia Basheer Moossa
PRESENTING AUTHOR	Dr. Nafia Basheer Moossa
CO-AUTHOR(S)	Dr. Bindu S Ajith Dr. Nimitha Nageeb
SYNOPSIS	To report and analyze postoperative complications following combined phacoemulsification and Kahook Dual Blade (KDB) goniotomy for uncontrolled intraocular pressure (IOP), this case series includes four glaucoma patients on medications with preoperative IOP 22–26 mmHg. All underwent uneventful phacoemulsification with intraocular lens implantation and KDB goniotomy. Postoperative outcomes were documented. All cases developed distinct complications: hyphema with cyclodialysis cleft, early ciliochoroidal effusion, significant iritis with fibrin membrane, and Descemet membrane detachment due to manipulation in a shallow anterior chamber. Each was managed with medical therapy and/or observation, with variable recovery. Although KDB with phacoemulsification is generally safe and effective for IOP reduction, this series highlights potential diverse complications. Early recognition and management are essential for optimal outcomes.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP40
TITLE	When Immunity Turns Against the Eye: Dual Faces of Autoimmune Ocular Disease
CHIEF AUTHOR	Dr. Shalini Shalini
PRESENTING AUTHOR	Dr. Shalini Shalini
CO-AUTHOR(S)	Dr. Meena Menon
SYNOPSIS	We present two cases of autoimmune disorders with complex ocular manifestations featuring secondary glaucoma. Case 1: A 45-year-old female with rheumatoid arthritis on immunosuppressive presented with pan-scleritis, complicated cataract and secondary glaucoma refractory to medical therapy. She was managed with systemic and topical steroids followed by phacoemulsification with trabeculectomy in both eyes (BE). Case 2: A 19-year-old female presented with markedly elevated intraocular pressure, neovascularization of iris and angle, vitreous hemorrhage and disc neovascularization in BE. Investigations including fundus fluorescein angiography confirmed systemic lupus erythematosus with ocular ischemic syndrome and neovascular glaucoma. She was started on systemic immunosuppression and underwent panretinal photocoagulation, intravitreal anti-VEGF and trabeculectomy. This highlights the severe ocular manifestations of autoimmune disease and need for early, collaborative management to optimize outcomes.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP42
TITLE	Patient reported outcomes and surgeon experience after MIGS- Phaco versus Phaco-Trabeculectomy
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Niharika Chaurasia
CO-AUTHOR(S)	Dr. A Vijayalakshmi
SYNOPSIS	Purpose: To compare patient-reported quality of life (QoL), satisfaction, and surgeon experience following phaco-trabeculectomy (PTE) and minimally invasive glaucoma surgery combined with phacoemulsification (MIGS-Phaco). Methods: In this prospective comparative study, 60 patients with moderate-to-severe glaucoma and visually significant cataract underwent either PTE (n=30) or MIGS-Phaco (n=30). QoL was assessed using a modified NEI-VFQ questionnaire. Patient satisfaction, surgeon experience, and antiglaucoma medication (AGM) use were analyzed. Results: Both groups showed postoperative improvement in QoL. No significant difference was noted in composite QoL scores or AGM reduction between groups. MIGS-Phaco patients reported less pain on day 1 ($p=0.037$) and shorter surgical duration ($p<0.001$). Surgeon experience scores were significantly higher with MIGS-Phaco. Conclusion: Both procedures improved QoL and reduced AGM burden, with comparable short-term outcomes.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP43
TITLE	Clinical Outcomes of Slow-Coagulation Transscleral Diode cyclophotocoagulation in Refractory Glaucoma
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Niharika Chaurasia
CO-AUTHOR(S)	Dr. A Vijayalakshmi
SYNOPSIS	Purpose: To evaluate outcomes of slow-coagulation transscleral diode cyclophotocoagulation (SC-TSCPC) in refractory glaucoma. Methods: This retrospective study included 144 eyes of 140 patients with refractory glaucoma, vision $>2/60$, and minimum 6-month follow-up. All underwent SC-TSCPC using 800 mW power for 4 seconds. Surgical success was defined as IOP 6–21 mmHg or $>20\%$ reduction from baseline without reoperation or loss of light perception. Secondary outcomes included IOP reduction, glaucoma medications, visual acuity, and complications. Results: Mean IOP reduced from 40.97 ± 12.0 to 19.31 ± 9.91 mmHg at 6 months (52.9% reduction, $p < 0.0001$). Medications decreased from 3.0 ± 0.89 to 2.0 ± 1.4 ($p = 0.0003$). BCVA improved significantly. Success rates at 1, 3, and 6 months were 86.1%, 77.4%, and 66.6%. Common complications were uncontrolled IOP and anterior chamber inflammation. Conclusion: SC-TSCPC is a safe and effective option for refractory glaucoma.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP44
TITLE	Comparison of accuracy in Intraocular pressure using re-used ETO sterilized and new iCare probes
CHIEF AUTHOR	Dr. Niya Babu
PRESENTING AUTHOR	Dr. Niya Babu
CO-AUTHOR(S)	Dr. Neethu Mohan
SYNOPSIS	Aim: Compare the accuracy of IOP measurements by reused, ethylene oxide (ETO) sterilized iCare probes and new iCare probes up to 90 cycles of ETO sterilisation. Prospective comparative study conducted at tertiary eye care hospital in South India. 78 consecutive patients each were recruited on Days 0, 30, 60, 90 of ETO cycle of iCare probes. Participants underwent IOP measurement for both eyes using new iCare probe, reused ETO sterilized probe and Goldman Applanation Tonometry (GAT). Reused iCare probes and new probes showed excellent correlation with Intra class correlation (ICC) (95% confidence interval) of 0.95(0.93-0.96), 0.95(0.93-0.96) and 0.97(0.95-0.97) on days 30, 60, 90 of ETO cycle respectively. Reused probes and GAT showed good reliability at 30 and 60 days, and excellent reliability at 90 days (ICC-91%). Central Corneal thickness didn't affect correlation between IOP measurements. ETO sterilized, reused iCare probes had comparable accuracy to new iCare probes up to 90 cycles of sterilization.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP45
TITLE	Macular structure-function relationship in advanced open angle glaucoma involving 10 degree field
CHIEF AUTHOR	Dr. Ann Sarah Koshy
PRESENTING AUTHOR	Dr. Ann Sarah Koshy
CO-AUTHOR(S)	Dr. Arathi Simha Dr. Jenifer Jeevakumari S Dr. Lekha Mary Abraham
SYNOPSIS	Study the regional macular structure - function relationship in patients with advanced open angle glaucoma(OAG) Patients with OAG had central 10-2 field & macula 30° OCT scans done. Correlation between the functional defect (pattern standard deviation[PSD]) in each quadrant of central 10° fields & structural elements in corresponding retinal quadrants in macular posterior pole analysis evaluated by Pearson's correlation. Inner retinal layers included Ganglion cell layer(GCL), GCL+IPL, Ganglion cell complex (GCC) (GCL+IPL+RNFL) Significant positive correlation was found between the defect depth (PSD) in the inferonasal ($p=0.44-0.64$, $p=0.002$) & inferotemporal quadrant ($p=0.49-0.65$, $p<0.001$) of the central 10-2 fields & the GCL, GCL + IPL or GCC of the corresponding superior macular quadrant. This unexpected thickness of the macular inner retinal layers seen with defect depth may warrant further evaluation of posterior pole analysis & floor effect in patients with advanced OAG.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP46
TITLE	Fine-Tuning the over-filtering Bleb: Transconjunctival Suturing After Trabeculectomy
CHIEF AUTHOR	Dr. Neelam Verma
PRESENTING AUTHOR	Dr. Neelam Verma
CO-AUTHOR(S)	NA
SYNOPSIS	A 54-year-old male patient, known case of POAG with advanced glaucomatous optic neuropathy underwent left eye trabeculectomy with MMC 0.02%. At one-week post-operative follow-up, slit-lamp examination showed a diffuse high bleb due to over-filtration involving superior half of conjunctiva. The vision had dropped to CF at 1 meter from 6/12 with IOP of 02-03 mm measured at day 07 & 10. Anterior segment OCT documented a diffusely elevated bleb with large hypo-reflective fluid filled spaces suggestive of an over-filtering bleb. Transconjunctival suturing was done on day 14. Four radial monofilament nylon sutures were placed transconjunctivally in the area of the bleb superiorly. Manual displacement of the sub-conjunctival fluid and visualization of the underlying releasable sutures at corners of the scleral flap guided the placement of the trans-conjunctival sutures. Vision improved to pre-operative 6/12 and stabilization of IOP to 10-12 mmHg during second post-operative week.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP47
TITLE	Yes It's a Membrane: Goniopuncture after Trabeculectomy in ICE Syndrome
CHIEF AUTHOR	Dr. Siddharth Dikshit
PRESENTING AUTHOR	Dr. Siddharth Dikshit
CO-AUTHOR(S)	NA
SYNOPSIS	Ticho and Ivry (Argon laser) and Cohn (Nd:YAG Laser) were the first to describe the use of laser to re-establish filtration in a failed trabeculectomy. There have been a few small series subsequently. I have used goniopuncture (GP) successfully in three eyes with ICE syndrome where the IOP had risen to high 30s following a trabeculectomy with no visible obstruction at the ostium. Application of Nd:YAG Laser through a 4-mirror goniolens lead to immediate reduction of IOPs with visible dispersion of pigments at the ostium during the laser. 2 patients needed repeated GPs for reestablishing the flow. Please Two patients were lost to follow-up during the pandemic and had failure and loss of LP. The success and the need for repeat procedures of the procedure confirms the presence of a proliferative membrane in eyes with ICE syndrome while opening a new opportunity for salvaging the bleb, although the effect is not long lasting and needs close follow-up for possible need to repeat GP.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP48
TITLE	Safety and Intraocular Pressure Lowering Efficacy of Mtscpc in Refractory Glaucoma
CHIEF AUTHOR	Dr. Shubhra Alankrita Lakra
PRESENTING AUTHOR	Dr. Shubhra Alankrita Lakra
CO-AUTHOR(S)	NA
SYNOPSIS	It is a retrospective cohort study conducted in a superspeciality eye hospital for duration of 1 year among the patients diagnosed with advanced glaucoma with uncontrolled IOP who underwent micropulse transcleral cyclophotocoagulation. Sample size of 61 patients were taken. Repetitive bursts of diode laser was delivered with CycloG6 glaucoma laser system in On and Off cyclical manner with appropriate pre-op and post-op considerations. Results were analysed on basis of best corrected visual acuity, intraocular pressure control and reduction in anti-glaucoma medications. The study concluded that single treatment with mTSCPC gives moderate IOP reduction with or without reduction in anti-glaucoma medications.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP49
TITLE	The MYOC Story: A Family-Wide Journey with JOAG
CHIEF AUTHOR	Dr. Dixit Soni
PRESENTING AUTHOR	Dr. Dixit Soni
CO-AUTHOR(S)	Dr. Julie Pegu Dr. Suneeta Dubey
SYNOPSIS	Introduction: MYOC-associated JOAG shows autosomal dominant inheritance with variable penetrance and aggressive course. We present four siblings from a single family with a blind father. Methods: Retrospective review of four siblings from North India. Evaluation included BCVA, IOP, gonioscopy, axial length, and disc assessment. Surgery was individualised by lens status and severity. Results: All presented with IOP 49–63 mmHg, open angles, and advanced neuropathy. Sister 1 (42F) post Phaco+GATT: IOP 14 mmHg, vision HM. Sister 2 (35F) post Phaco+Trab+MMC: bleb failed, IOP 39 mmHg, NPL. Brother 1 (36M) post Trab+MMC: IOP 19 mmHg, 1/60. Brother 2 (23M), detected earliest, post GATT: IOP 14 mmHg, 6/12. Conclusion: Genotype predicts risk; phenotype varies within a family. Visual outcome depends on timing of detection, not surgical modality. JOAG is a surgical disease; early family screening is the true vision-saving intervention.





ABSTRACTS



E-POSTER

ABSTRACT NO	EP51
TITLE	Diagnostic Challenges of Glaucoma in High Myopia A Clinical Dilemma
CHIEF AUTHOR	Dr. Shalini Kumari
PRESENTING AUTHOR	Dr. Shalini Kumari
CO-AUTHOR(S)	NA
SYNOPSIS	High myopia is associated with structural changes such as tilted optic discs large cups and peripapillary atrophy which can mimic glaucomatous damage OCT may show diffuse retinal nerve fiber layer thinning and visual field defects may be present but often lack repeatability leading to diagnostic confusion This study evaluates clinical and investigative features to differentiate true glaucoma from myopia related changes Patients underwent comprehensive evaluation including intraocular pressure measurement fundus examination OCT and visual field testing True glaucoma shows focal nerve fiber loss repeatable and progressive defects Conclusion progression over time is the most reliable indicator.



ABSTRACTS



E-POSTER

ABSTRACT NO	EP52
TITLE	Iridoplasty to Reverse Synechiae after Suture GATT
CHIEF AUTHOR	Dr.Siddharth Dikshit
PRESENTING AUTHOR	Dr.Siddharth Dikshit
CO-AUTHOR(S)	NA
SYNOPSIS	Peripheral anterior synechiae (PAS) can develop in phakic eyes after Gonioscopy-Assisted Transluminal Trabeculotomy (GATT) and may occlude the surgical cleft, causing secondary IOP rise. We report two cases where early iridoplasty salvaged GATT outcomes. Case 1: A 38-year-old man with uveitic glaucoma presented with extensive PAS and IOP 42 mmHg 1 week after GATT. Goniosynechiolysis reduced IOP to 13 mmHg, but 4 clock hours of recurrent PAS at 2 weeks raised IOP to 36 mmHg. Sectoral iridoplasty reopened the angle, maintaining IOP 11 mmHg at 14 months on Pilocarpine. Case 2: A 64-year-old man with POAG developed 3 clock hours of nasal PAS and IOP 24 mm Hg. Targeted iridoplasty restored the angle with IOP 12 mm Hg at 3 years on Pilocarpine. Early iridoplasty can effectively reopen PAS-related angle closure and preserve GATT success.





ABSTRACTS



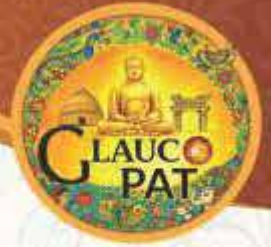
RAPID FIRE

ABSTRACT NO	RFS1
TITLE	Triple Trouble-Bilateral Microcoria, Cataract and Juvenile Glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	NA
SYNOPSIS	Bilateral microcoria is a rare congenital anomaly characterized by abnormally small pupils due to underdevelopment of the iris dilator muscle. It is frequently associated with anterior segment dysgenesis and may predispose to glaucoma. Coexistence with cataract further complicates visual prognosis and management. We intend to report a rare case of bilateral microcoria associated with advanced juvenile glaucoma and cataract, highlighting clinical features and management challenges. A young male, 16 years of age, exhibited bilateral pinpoint pupils (<2 mm) with poor dilatation, consistent with microcoria. Elevated intraocular pressure with glaucomatous optic disc changes confirmed juvenile glaucoma. Central Posterior subcapsular cataract were noted in both eyes. Management involved antiglaucoma therapy followed by surgical intervention- pupilloplasty with iris hook, lens aspiration with PCIOL and combined trabeculectomy with trabeculotomy.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	RFS2
TITLE	When the cornea misleads and the lens Reveals-Different Strokes of Phacotopic Glaucoma:
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	NA
SYNOPSIS	Background: When the crystalline lens shifts, glaucoma follows in unpredictable ways. Sometimes uncommon Corneal findings like diffuse stromal edema obscures the details of anterior chamber making the diagnosis challenging. Once diagnosed, Phacotopic glaucoma represents a dynamic spectrum of lens position induced intraocular pressure elevation, demanding mechanism-specific management ranging from simple iridotomy to ICCE. All eyes achieved effective intraocular pressure control with tailored intervention, with visual recovery dependent on chronicity and lens status. Conclusion: Phacotopic glaucoma is not a single entity but a spectrum of mechanisms unified by a displaced lens. Precision in identifying the underlying mechanism enables targeted therapy and optimal outcomes.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	RFS3
TITLE	Bilateral simultaneous Acute Angle Closure (AAC) caused by Sulfonamide derivatives: A case series
CHIEF AUTHOR	Dr. Lalitha K.J.
PRESENTING AUTHOR	Dr. Lalitha K.J.
CO-AUTHOR(S)	NA
SYNOPSIS	We report the occurrence of three cases of bilateral AAC associated with Sulfonamide-derived medications and highlight features of the presentation and treatment to assist in early diagnosis and management. The clinical records of three cases with bilateral AAC induced by Sulfonamide-derived medications (Sulfasalazine given for arthritis, oral Acetazolamide given for prophylaxis of acute mountain sickness, and Topiramate given for migraine) were reviewed. All three identified cases presented with blurred vision that improved with myopic correction, elevated IOP, and a shallow anterior chamber. UBM showed a 360-degree ciliochoroidal effusion in both eyes. Management includes identifying the Sulfonamide-derived medication and its immediate cessation; treatment involves topical steroids, cycloplegics, and topical AGM. After 3-4 weeks, in all three cases, vision was 6/6 without glasses, IOP was normal, AC depth was normal, and there was complete resolution of the ciliochoroidal effusion.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	RFS4
TITLE	Nightmare: Post PI Hyphema
CHIEF AUTHOR	Dr. Pranav Ranjan
PRESENTING AUTHOR	Dr. Pranav Ranjan
CO-AUTHOR(S)	NA
SYNOPSIS	A PACG patient who happened to be a senior surgeon of the city was advised to undergo Yag PI. What followed PI was a nightmare. Uncontrolled bleed kept dripping into the AC inspite of all standard measures till it was almost full. Conservative management followed by surgical intervention finally salvaged the situation.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	RFS5
TITLE	MIGS - When NOT to do?
CHIEF AUTHOR	Dr. Abhijay Luthra
PRESENTING AUTHOR	Dr. Abhijay Luthra
CO-AUTHOR(S)	NA
SYNOPSIS	MIGS may be the current darling of glaucoma surgery—elegant, minimally traumatic, and widely embraced—but it is not a universal solution. There are multiple conditions and clinical situations where an alternative management may be better for the patient. Judicious patient selection remains paramount, as the allure of “minimally invasive” should never outweigh the need for meaningful and sustained pressure control.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	RFS6
TITLE	Consistency of von Herick Assessment in Routine Glaucoma Screening
CHIEF AUTHOR	Dr. Raveendra Tammineni
PRESENTING AUTHOR	Dr. Raveendra Tammineni
CO-AUTHOR(S)	NA
SYNOPSIS	Purpose: Von Herick assessment is widely used for glaucoma screening, yet grading—especially Grade 2—varies across references. This audit evaluated grading consistency and the effect of a standardised, thickness-based definition. Methods: A retrospective review of slit-lamp records assessed von Herick grading variability, particularly between Grades 1 and 2. A corneal thickness–range grading system ($<1/4$, $>1/4\text{--}\leq 1/2$, $>1/2\text{--}<1$, ≥ 1 CT) was implemented in a structured registry, defining von Herick as a screening estimate requiring gonioscopy. Results: Pre-standardisation grading was inconsistent. Post-implementation, documentation clarity and inter-observer consistency improved, with more reliable identification of angles requiring gonioscopy. Conclusion: Literature ambiguity contributes to inconsistent von Herick grading. Standardised thickness-based definitions improve reproducibility. Von Herick should be used as a screening tool, not a replacement for gonioscopy.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP4
TITLE	When One Tube Isn't Enough: Double Glaucoma Drainage Devices in Refractory Glaucoma—Five-Eye Series
CHIEF AUTHOR	Dr. Asmita Pradhan
PRESENTING AUTHOR	Dr. Asmita Pradhan
CO-AUTHOR(S)	NA
SYNOPSIS	Aim is to report outcomes of implantation of a second glaucoma drainage device (GDD) in the same eye in patients when glaucoma remains refractory despite an initial valved GDD. Retrospective chart review of EMR data was done. The mean age was 15.0 ± 3.6 years. The intraocular pressure (IOP) and number of anti-glaucoma medication (AGM) use decreased significantly from pre-op values of 39.0 ± 10.4 mmHg and 3.8 ± 0.4, respectively to 15.6 ± 3.6 mmHg and 1.4 ± 0.9, respectively at 3 month follow up p value of 0.065. Visual acuity and visual field data, when available, were stable too. Complications included transient hypotony, shallow anterior chamber, and corneal endothelial cell loss noted in 1 eye. The sequential implantation of a second GDD revealed a significant relief from uncontrolled IOP and medication burden with an acceptable complication profile. Careful quadrant selection, tube positioning, and monitoring of corneal health are of paramount importance.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP5
TITLE	Ahmed glaucoma drainage (AGV) implant effectiveness in Irido-corneal endothelial (ICE) syndrome.
CHIEF AUTHOR	Dr. RAVI KUMAR
PRESENTING AUTHOR	Dr. RAVI KUMAR
CO-AUTHOR(S)	NA
SYNOPSIS	Objective: To evaluate the success of the Ahmed glaucoma valve in glaucoma secondary to ICE syndrome. Methods: A 31year male presented with 1year history of diminution of vision in left eye. His vision was OD 6/6 and OS perception of light positive. IOP (GAT) was 22mmHg OD and 46mmHg OS. On slit lamp examination, OS showed iris atrophy with polycoria and total cupping of the disc. Diagnosis of OS ICE syndrome with advanced glaucoma was made, and conservative management was started. On follow-up, his IOP was under control. After subsequent analysis, planned for OS GDD implantation. Results: POD1, implant was in situ with overdraining. On POD 5 his anterior chamber formed. At 3-month follow-up his vision improved to 6/24 with IOP of 14 with one antiglaucoma medication. Discussion: Over course of 6-month follow-up, our case highlights the significant reduction in IOP with improved vision with AGV surgery. Conclusion: AGV implant is reasonably successful for IOP control in ICE syndrome.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP6
TITLE	Changes in ocular biomechanics and agreement of IOP measurements following vitrectomy
CHIEF AUTHOR	Dr. Dr subashini kaliaperumal
PRESENTING AUTHOR	Dr. Dr subashini kaliaperumal
CO-AUTHOR(S)	Dr. Shreyas Temkar Dr. Shruti Meera Nair Dr. Subashini Kaliaperumal
SYNOPSIS	Purpose: To evaluate corneal hysteresis and IOP changes following PPV and to assess agreement between GAT, ORA, IOPg and IOPcc, and RT. Methods: 77 patients undergoing PPV (tamponade: air/fluid: 36, silicone oil: 34, gas: 7) were recruited and underwent corneal hysteresis (CH), CCT, and IOP preoperatively and post-op 1week, 1 month, and 3 months. Agreement was assessed by intraclass correlation coefficients (ICC) and Bland–Altman analysis. Results: CH decreased at 1 week and recovered by 3 months. IOP showed a transient increase at 1 week, returning to baseline by 3 months, across all devices. Among the devices, RT demonstrated very good consistency with GAT ($p < 0.001$). ICC and bias were – pre-op: 0.837(0.755, 0.893), -0.03; and post-op 1st week: 0.822(0.407, 0.708), 0.51, 1st month: 0.856(0.783, 0.906), 0.07; 3rd month: 0.873(0.807, 0.917), -0.26. Conclusion: RT showed the best agreement with GAT and may serve as a reliable, non-contact method for IOP measurement following vitrectomy.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP8
TITLE	Results of Selective Laser Trabeculoplasty in Primary Open angle glaucoma & Ocular Hypertension
CHIEF AUTHOR	Dr. Ganesh Venkataraman
PRESENTING AUTHOR	Dr. Ganesh Venkataraman
CO-AUTHOR(S)	Dr. Misbah Shaikh Dr. Premanand Chandran Dr. Rohan Daniel
SYNOPSIS	Aims To describe the two year outcome of SLT in reducing the intraocular pressure in eyes with primary open angle glaucoma and ocular hypertension. Methodology This prospective study included patients who signed the informed consent and fulfilled the inclusion and exclusion criteria and underwent SLT between March 2023 to Aug 2023 & followup of 2 year. Result Seventy-Seven eyes of 55 subjects were included in the study. The mean age (SD) was 55.44 (12.75) years. The baseline mean (SD) intraocular pressure was 23.0 (3.36) mmHg in treatment naïve group (GP 1) and 22.29 (4.39) in medically treated group (GP 2). At 24 months the mean (SD) IOP reduced to 19.92 (2.91) mmHg in GP1 & 18.19 (5.9) mmHg in GP 2 (12.8% in GP 1 vs 17.3% in GP 2 respectively). There was a 33% loss to follow up in GP1 vs 11% loss to followup in GP 2. In two years 48.5% eyes in GP 2 were medication free whereas 71.4% of eyes were medication free in GP 1. Conclusion SLT is an effective alternative to medical therapy.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP9
TITLE	Evaluation of Ocular Surface Changes in Patients on Long Term Topical Antiglaucoma Medications
CHIEF AUTHOR	Dr. Kavitha B
PRESENTING AUTHOR	Dr. Kavitha B
CO-AUTHOR(S)	Dr. Bindu Malini M H Dr. Padmashri V V Dr. Soumya H V
SYNOPSIS	The use of topical antiglaucoma medications has increased currently. This predisposes to ocular surface disease in glaucoma patients. To evaluate ocular surface changes in glaucoma patients who are on topical medications for more than 6 months. A cross sectional study was carried out on 30 glaucoma patients on topical medications for > 6 months. Subjective assessment was done by OSDI (ocular surface disease index) questionnaire Objective assessment was done by TBUT (tear breakup time) test, TMH (tear meniscus height) and Schirmer test. OSDI score >12 was observed in 17 (56.6%), TBUT <10 was seen in 8 (26.6%). Longer the duration and more the topical medications instilled higher OSDI score lesser TBUT lesser Schirmer test was observed. Ocular surface disease is common but underdiagnosed among glaucoma patients. Early recognition and treatment of ocular surface disease in glaucoma patients increases compliance, quality of life and decreases risk of failure of filtration surgery.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP10
TITLE	Microspherophakia - Small lens Big Challenges
CHIEF AUTHOR	Dr. Malleswari Medikonda
PRESENTING AUTHOR	Dr. Malleswari Medikonda
CO-AUTHOR(S)	NA
SYNOPSIS	Microspherophakia is characterized by high myopia, shallow anterior chamber, and zonular weakness, often leading to secondary glaucoma at a young age. We present four cases demonstrating a spectrum of presentation and management. A 24-year-old male with high myopia and shallow AC had normal IOP and open angles and was managed conservatively with stable follow-up. A 27-year-old female with shallow AC, phacodonesis, and angle pigmentation with patchy synechiae underwent laser peripheral iridotomy and remains stable. A 13-year-old girl presented with uncontrolled IOP and extensive synechiae; she required lensectomy with iris claw IOL, achieving good pressure control. A one-eyed 24-year-old female with prior cataract surgery and refractory glaucoma required AADI implantation after failed trabeculectomy and cyclo cryotherapy. These cases highlight stage-based, individualized management to preserve vision in these microspherophakic patients.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP11
TITLE	Preservative-Free Glaucoma therapy: An Indian Perspective
CHIEF AUTHOR	Dr. Swapna Satyanandan
PRESENTING AUTHOR	Dr. Swapna Satyanandan
CO-AUTHOR(S)	NA
SYNOPSIS	In glaucoma prolonged exposure to preservatives can cause ocular surface disease (OSD). An online survey was conducted amongst 163 ophthalmologists to evaluate prescribing behaviour and clinical experience with PF formulations. All respondents were aware of PF formulations, and 98% had prescribed them. Preexisting OSD in 10–30% of patients was reported by 46%, while 49% observed similar discontinuation due to preservative-related symptoms. PF drops were used in 10–30% of patients by 30% and in 30–50% by 26%, mainly for OSD or multi-drug regimens. PF therapy was rated superior in safety and efficacy by 55%, and equally efficacious but safer by 31%. PF bottles were easy to use for 68%. Proactive switching of stable patients occurred in 74%. Barriers included cost (66%), limited awareness (37%), and availability (23%). Improved adherence was reported by 83%. Indian ophthalmologists show strong acceptance of PF glaucoma therapy, citing better safety, tolerability and adherence.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP12
TITLE	Digital Glaucoma Survey on Vascular Benefits of Dorzolamide, Role of Oct & Newer Diagnostics
CHIEF AUTHOR	Dr. Swapna Satyanandan
PRESENTING AUTHOR	Dr. Swapna Satyanandan
CO-AUTHOR(S)	NA
SYNOPSIS	In glaucoma intraocular pressure reduction remains central to management but increasing evidence highlights the contribution of ocular blood flow and vascular dysregulation to disease progression. This survey assessed real world perspectives of Indian glaucoma specialists on vascular factors, dorzolamide use, and advanced imaging. An online survey included responses from 179 glaucoma specialists across 99 Indian cities. OBF was considered important by 99%, and 87% routinely evaluated systemic vascular risk factors. Dorzolamide was perceived as superior or comparable to other agents for vascular benefits, particularly in systemic vascular disease, progressing glaucoma, and normal tension glaucoma. OCT was widely used, while OCTA adoption remained limited due to cost and training gaps. Indian specialists strongly recognize vascular factors in glaucoma. Dorzolamide is viewed as offering vascular advantages requiring greater evidence dissemination along with OCTA focused education.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP13
TITLE	Real-World Efficacy and Safety of Triple Fixed-Dose Brimonidine, Timolol, Brinzolamide in Glaucoma
CHIEF AUTHOR	Dr. Prasanna Venkatesh Ramesh
PRESENTING AUTHOR	Dr. Prasanna Venkatesh Ramesh
CO-AUTHOR(S)	Dr. Shibal Bhartiya
SYNOPSIS	This prospective, observational, multicenter study evaluated the real-world efficacy, safety, & tolerability of a triple fixed-dose combination (FDC) of brimonidine 0.2%, timolol 0.5%, & brinzolamide 1% in reducing IOP across various glaucoma subtypes (POAG, PACG, JOAG, & secondary glaucoma). 142 patients were switched to the triple FDC, twice daily & followed for 6 months. Mean baseline IOP of 23.67 ± 9.94 mmHg decreased significantly to 18.39 ± 6.14 mmHg at 4 weeks, 18.23 ± 5.57 mmHg at 3 months, & 18.10 ± 5.28 mmHg at 6 months (all $p < 0.001$), representing an overall reduction of 5.57 mmHg (24%). The proportion of patients achieving an IOP ≤ 18 mmHg increased from 34% at baseline to 64% at 6 months ($p < 0.001$). Medication burden decreased, with proportion of patients requiring ≥ 3 bottles declining from 28% to 10% ($p = 0.001$). The FDC was well tolerated, with infrequent adverse events. The most common were dry eye (2.82%) & uveitis (2.82%), & no adverse events were reported.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP14
TITLE	Audio-Visual Reminders, Voice Messages, or Counselling - What Improves Medication Adherence?
CHIEF AUTHOR	Dr. Annamalai Odayappan
PRESENTING AUTHOR	Dr. Annamalai Odayappan
CO-AUTHOR(S)	Dr. Kavitha Srinivasan Dr. Rengaraj Venkatesh Dr. Swati Upadhyaya
SYNOPSIS	We aimed to assess the change in medication adherence from baseline following audio-visual (AV) reminders, voice messages, and intensive counselling in glaucoma patients. Glaucoma patients taking ≥ 2 medications with adherence $< 80\%$ were recruited. Adherence was monitored electronically (Adheretech, USA) during a 2-month baseline, 1 month with AV reminders, 1 month with voice messages, and 2 months after either standardized counselling (those $< 80\%$ adherent on previous interventions) or stopping all interventions (those $\geq 80\%$ adherent). 77 participants were enrolled (61.5 ± 9.5 years old, 62% male). Mean adherence was $81 \pm 16\%$ at baseline, $79 \pm 20\%$ ($p=0.6$) with AV reminders, and $82 \pm 16\%$ ($p=0.7$) with voice messages. 23 participants received counselling and adherence changed by $1 \pm 16\%$ ($p=0.7$). 44 participants stopped all reminders and adherence decreased by $9 \pm 17\%$ ($p=0.001$). Automated reminders can support medication adherence; those who need more intensive support may need > 1 counseling session.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP16
TITLE	When glaucoma is not "only" glaucoma: Unravelling the neurological nexus
CHIEF AUTHOR	Dr. Prasanna Venkataraman
PRESENTING AUTHOR	Dr. Prasanna Venkataraman
CO-AUTHOR(S)	Dr. Neethu Mohan Dr. Pavithra Pannerselvam
SYNOPSIS	Aim: To analyze the clinical profile, time to diagnosis, & neuro-ophthalmic outcomes of patients suspected to have glaucoma, but were later found to have an underlying neurological pathology. Methods: Retrospective study over 8 years analysing 347 glaucoma patients referred for neuro evaluation due to structure-function discordance. Results: 33/347 patients were diagnosed to have neurological pathologies (26 tumors, 4 vascular, 1 cortical blindness, 2 neurodegenerative). Mean time to diagnose these pathologies in glaucoma patients was 14 months. 15/347 patients were on antiglaucoma medications & 8 had occludable angles. Pituitary macroadenoma was the most common tumor. 7/26 tumors required neurosurgical intervention after the primary suspicion at the glaucoma clinic. Conclusion: In glaucoma patients, atypical optic nerve and visual field findings should prompt early neurological referral & appropriate neuroimaging, to avoid missed or delayed diagnosis of underlying neurological pathologies.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP17
TITLE	Six-Month Outcomes of iStent Inject® W in Mild–Moderate Glaucoma: Real-World Study
CHIEF AUTHOR	Dr. Avik Roy
PRESENTING AUTHOR	Dr. Avik Roy
CO-AUTHOR(S)	Dr. Asmita Pradhan Dr. Mayank Rai
SYNOPSIS	Aim of the study: This study evaluated the real-world safety and effectiveness of iStent Inject® W, in patients from eastern India with mild-to-moderate glaucoma with or without visually significant cataract, over a 6 months follow up period. Methods: In a single-centre, single-surgeon study, 26 eyes underwent standalone or combined implantation. Pre- and postoperative intraocular pressure (IOP) and anti-glaucoma medications (AGMs) were compared. Complete success was IOP <21 mmHg without AGMs; qualified success was IOP <21 mmHg with ≤2 AGMs. Visual acuity and visual field parameters were also assessed. Results: At 6 months, complete success was 57.7% and qualified success 100%. Mean IOP remained stable (15.68 vs 16.32 mmHg; $p=0.689$), while AGMs significantly reduced from 2.16 to 0.57 ($p<0.01$). Visual fields remained stable. No major sight-threatening complications or re-surgeries occurred. Conclusion: iStent Inject® W maintains target IOP with reduced medication burden with good safety.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP19
TITLE	Laser Membranectomy - Evaluation as minimally Invasive solution in Uveitic Pupillary Block Glaucoma
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	Dr. Bhawesh Chandra Saha Dr. Bibhuti Prassan Sinha Prof. Dr Anita Ambastha
SYNOPSIS	Aim: To evaluate the safety and efficacy of laser membranectomy in relieving pupillary block and controlling IOP in uveitic glaucoma. Materials and Methods: A prospective interventional case series including patients with uveitic pupillary block due to inflammatory pupillary membrane or posterior synechiae. All underwent Nd:YAG laser membranectomy. Pre- and post-procedure assessments included visual acuity, IOP, anterior chamber depth, and inflammation grading till 3 months. Results: Laser membranectomy successfully relieved pupillary block in most cases, with immediate deepening of the anterior chamber and significant IOP reduction. Repeat procedures were required in a few eyes due to reformation of membranes. Minimal complications such as transient IOP spikes and mild inflammation were noted. Conclusion: Laser membranectomy is a safe, effective, and minimally invasive option in selected cases of uveitic pupillary block glaucoma, offering rapid anatomical and functional improvement.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP20
TITLE	Combined Trabeculotomy and Trabeculectomy vs Trabeculectomy Alone in JOAG”
CHIEF AUTHOR	Dr. Rashmi Chandra
PRESENTING AUTHOR	Dr. Rashmi Chandra
CO-AUTHOR(S)	Dr. Bhawesh Chandra Saha Dr. Bibhuti Prassan Sinha
SYNOPSIS	Purpose: To compare surgical outcomes of combined trabeculotomy–trabeculectomy (CTT) versus trabeculectomy alone in JOAG. Methods: In this prospective comparative study, patients with JOAG undergoing either CTT or trabeculectomy were evaluated. Primary outcome was intraocular pressure (IOP) reduction. Secondary outcomes included need for medications, and complications. Results: Both groups demonstrated significant IOP reduction postoperatively. The CTT group showed greater early IOP control and higher complete success rates, likely due to dual aqueous outflow pathways. Trabeculectomy alone required more adjunctive medications in some cases. Complication profiles were similar, though transient hyphema was more common in the CTT group. Conclusion: Combined trabeculotomy–trabeculectomy provides effective and possibly superior early IOP control in JOAG compared to trabeculectomy alone. It may be considered a preferred surgical option, particularly in eyes with high advanced disease.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP21
TITLE	An usual case of Neovascular Glaucoma- a case report
CHIEF AUTHOR	Dr. Ranjana Mairembam Devi
PRESENTING AUTHOR	Dr. Ranjana Mairembam Devi
CO-AUTHOR(S)	Dr. Nilay Kumar Mazumdar
SYNOPSIS	A 35 yrs old Muslim lady presented with loss of vision in both eyes for last 8 months, Rt. eye(pseudophakia) with vision is FC@1/2m and . HM in left eye with mature cataract. Mid dilated pupil and features of NVI in both eyes, IOP was 20 mmHg with no AGM, On funduscopy, CDR is 0.8 with NVD with old PRP marks. USGB scan showed no abnormality in the left eye. With strong clinical suspicion, carotid pulsation was checked on both sides, absent in Rt side and felt feeble on Left side. Topical dorzolamide was given in BD dose. In past history, She was diagnosed NVG in both eyes and urgent PRP was advised. We sent her for carotid doppler it showed marked luminal narrowing in bilateral carotid artery tree. She was referred to a cardiologist for further investigations. She was admitted in cardiology deptt with complains of shortness of breath on exertion. Carotid artery angiography showed Aorarteritis with occlusion of all aortic arch vessels from option proximal part. CA and RA angio was wnl.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP22
TITLE	Compare anterior and posterior corneal surface elevation in POAG and healthy controls.
CHIEF AUTHOR	Dr. Bhawesh Chandra Saha
PRESENTING AUTHOR	Dr. Bhawesh Chandra Saha
CO-AUTHOR(S)	Dr. Divya Kesarwani Dr. Sheel Meshram Dr. Rashmi Chandra
SYNOPSIS	Methods: Hospital-based cross-sectional study of 32 POAG eyes and 32 controls. All underwent full ophthalmic exam including Goldmann applanation tonometry, gonioscopy, visual fields, and OCT RNFL. Corneal parameters were obtained with Pentacam AXL. Maximum anterior and posterior elevations were assessed in 3, 5, and 7 mm zones using best-fit sphere. Mann–Whitney U, Kruskal–Wallis, and Spearman correlation were applied. Results: Median IOP was higher in POAG (24 mmHg) vs controls (16 mmHg; $p < 0.001$). Anterior elevation was significantly higher in POAG at 5 mm (5 vs 4 μm; $p = 0.009$) and 7 mm (8 vs 5 μm; $p < 0.001$), with no significant posterior changes. IOP showed moderate correlation with 5 mm anterior elevation ($\rho = 0.42$, $p = 0.016$). Elevation increased with disease severity. Conclusion: POAG eyes show increased anterior corneal elevation correlating with IOP and severity, suggesting biomechanical alterations and potential adjunct diagnostic value.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP24
TITLE	Posterior segment pathologies in PACD
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	To describe posterior segment pathologies observed in eyes with primary angle closure disease (PACD) and highlight the importance of detailed posterior segment evaluation in these patients. We describe a series of patients diagnosed with PACD who demonstrated associated posterior segment abnormalities on detailed retinal evaluation. Comprehensive ophthalmic examination including slit-lamp biomicroscopy, gonioscopy, dilated fundus examination, optical coherence tomography (OCT), fundus fluorescein angiography (FFA), and ultrawide-field retinal imaging was performed wherever indicated. PACD may be associated with a spectrum of posterior segment abnormalities, some of which may remain undetected without meticulous retinal examination and multimodal imaging. Chronic or recurrent IOP elevation may contribute to retinal and choroidal vascular compromise in these eyes.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP25
TITLE	Effect of AI- Based Role- Model Intervention on Medication Adherence in Glaucoma
CHIEF AUTHOR	Dr. Kumari Sweta
PRESENTING AUTHOR	Dr. Kumari Sweta
CO-AUTHOR(S)	NA
SYNOPSIS	This study aims to evaluate the effectiveness of an AI- assisted role model based behavioral intervention in improving medication adherence among glaucoma patients. Prospective pre-post interventional study is being conducted in 190 diagnosed glaucoma patients (>18 years) on topical therapy with smartphone access. The intervention includes local language AI video messages featuring the treating physician, daily WhatsApp reminders, and telephonic adherence assessments over 4 weeks. Adherence is measured using the Morisky Medication Adherence Scale (MMAS-8). Statistical analysis includes Paired t-test/ Wilcoxon test and regression models for predictors of adherence. The study is expected to improve adherence and enhance patient knowledge and satisfaction. Final result will be presented at the time of conference.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP26
TITLE	Persistent Hyphema after Phaco-Trab in Uveitic Glaucoma: A Case Report with Management Insights
CHIEF AUTHOR	Dr. Divya Kesarwani
PRESENTING AUTHOR	Dr. Divya Kesarwani
CO-AUTHOR(S)	Dr. Tareeta Biswas Dr. Zeba Khanam
SYNOPSIS	Uveitic glaucoma presents a complex therapeutic challenge due to the dual requirement of controlling intraocular inflammation and intraocular pressure (IOP). Surgical intervention is often necessary in cases refractory to medical treatment. We describe a case of a 35-year-old male with chronic anterior uveitis with secondary glaucoma who underwent combined phacotrab surgery. Despite perioperative steroid coverage and an uneventful intraoperative course, the patient developed persistent postoperative hyphema with high IOP which was managed conservatively using topical and oral anti-inflammatory therapy, antiglaucoma medications, and bleb resuscitation strategies, leading to gradual resolution and satisfactory visual recovery. This case highlights the importance of meticulous perioperative inflammation control and close postoperative surveillance. It also emphasizes that persistent hyphema in uveitic eyes as a rare complication and can often be successfully managed conservatively.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP27
TITLE	One year outcomes of suture gonioscopy assisted transluminal trabeculotomy in myopic eyes with OAG
CHIEF AUTHOR	Dr. Madhavi Ramanatha Pillai
PRESENTING AUTHOR	Dr. Madhavi Ramanatha Pillai
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Aim: Outcomes of GATT in High myopia versus non-high myopia with OAG. Methods: Retrospective, comparative study with 36 high myopia (grp 1, AL ≥ 26.5 mm) & 40 non-high myopia (grp 2, AL < 26.5 mm) with OAG, who underwent Phaco-GATT. IOP, AGM, BCVA were compared. Surgical success was defined as IOP ≤ 21 / ≤ 18 / ≤ 15 mmHg with $> 20\%$ / 25% / 30% reduction (Criteria 1, 2, 3). Results: A significant reduction in IOP in grp 1, 20.56 ± 4.71 to 13.32 ± 5.02 and 19.33 ± 4.15 to 12.94 ± 3.48 in grp 2 at 12 mnths, with no significant difference between grps ($p = 0.92$). AGM significantly reduced from 2.11 ± 0.89 to 0.36 ± 0.95 & 1.63 ± 0.87 to 0.06 ± 0.24 in grp 1 & 2 at 12 mnths, with no significant difference between them ($p = 0.07$). By criteria 3, success rate was 43.5% and 61.3% in grp 1 & 2 respectively. Macro hyphemas seen in 10 patients (6 in grp 1, 4 in grp 2) AC wash (3 in grp 1, 2 in grp 2) Conclusion: Phaco-GATT is safe & effective procedure in high myopia associated with OAG, with comparable IOP & AGM reduction to non-myopic eyes at 12 months.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP29
TITLE	Safety and Efficacy of GKIBT: Multigroup Comparison of Five Trabeculotomy-Based MIGS in OAG
CHIEF AUTHOR	Dr. Devendra Maheshwari
PRESENTING AUTHOR	Dr. Devendra Maheshwari
CO-AUTHOR(S)	Dr. Madhavi Ramanatha Pillai Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Aim: Compare safety & efficacy of trabeculotomy-based MIGS procedures—gonioscopy-assisted transluminal trabeculotomy (GATT), Kahook Dual Blade (KDB) goniotomy, interventional valve-enhancing trabeculotomy (iVent), bent ab-interno needle goniotomy (BANG), & Tanito microhook trabeculotomy (TMH) in OAG. Methods: Prospective comparative study of 248 eyes : GATT-Phaco (53) , KDB-Phaco (53), iVent-Phaco (53), BANG-Phaco (41), & TMH-Phaco (48). IOP, AGM & BCVA were assessed preoperatively & at 2 wks, 1, 3, 6, & 12 months. Surgical success was defined as IOP $\leq 21/\leq 18/\leq 15$ mmHg with $>20/25/30\%$ reduction (criteria 1–3). Results: At 12 months, mean IOP & AGM decreased significantly in all groups ($p < 0.001$). Success (criterion 1): 86.6% (GATT), 86.8% (KDB), 79.3% (iVent), 72.5% (BANG), & 87.3% (TMH). Macrohyphema in 6 eyes, & IOP spikes in 16 eyes. Two GATT eyes required AC wash. Conclusion: GATT & KDB showed similar favorable outcomes at 12 months, followed by TMH, iVent, & BANG, reinforcing MIGS as effective & safe options for OAG.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP30
TITLE	Outcomes of Interventional Valve-Enhancing Trabeculotomy With Phaco in POAG: A Randomized Trial
CHIEF AUTHOR	Dr. Devendra Maheshwari
PRESENTING AUTHOR	Dr. Devendra Maheshwari
CO-AUTHOR(S)	Dr. Madhavi Ramanatha Pillai Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Aim: To evaluate safety & efficacy of interventional valve-enhancing trabeculotomy (iVenT) combined with phacoemulsification versus standalone phacoemulsification in POAG. Methods: In prospective RCT, 106 eyes with significant cataract & mild-to-moderate POAG were randomized to phaco-iVenT (grp 1, n=53) & phaco alone (grp 2, n=53). IOP, AGM, & BCVA were assessed preoperatively & at 2 weeks, 1, 3, 6, & 12 months. Surgical success was defined as IOP $\leq 21/\leq 18/\leq 15$ mmHg with $>20/25/30\%$ reduction (criteria 1–3). Results: At 12 months, mean IOP reduced from 21.11 ± 3.23 to 13.47 ± 2.75 mmHg in grp 1 & 22.23 ± 2.96 to 18.40 ± 3.59 mmHg in grp 2 ($p < 0.01$). AGM decreased from 1.49 ± 0.50 to 0.04 ± 0.20 in grp 1, while grp 2 showed no reduction. Complete success in grp 1 was 81.1%, 75.5%, & 60.4% by criteria 1–3, compared with 59.8%, 44.5%, & 25.0% in Grp 2. IOP spikes seen in 3 & 6 eyes, in grps 1 & 2 respectively. Conclusion: iVenT combined with phacoemulsification was safe & effective in POAG, with no vision threatening complications.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP37
TITLE	Ocular Surface Parameters in Glaucoma Patients Receiving Preserved Vs Preservative-Free medications
CHIEF AUTHOR	Dr. Dewang Angmo
PRESENTING AUTHOR	Dr. Dewang Angmo
CO-AUTHOR(S)	Dr. Adwitiya Biswas Dr. Akshata KS Dr. Tanuj Dada
SYNOPSIS	Purpose: To compare ocular surface parameters in chronic glaucoma patients receiving preserved Vs preservative-free antiglaucoma medications (AGM). Methods: prospective interventional study included 200 eyes of 100 glaucoma patients on preserved topical therapy. Baseline ocular surface evaluation was performed before switching all patients to preservative-free medications. Parameters assessed TBUT, Schirmer's, LLT, TMH, NIBUT, interferometry, meibography, and OSDI scores using an ocular surface analyzer. Follow-up evaluation was done after 6 mths. Results: Mean age was 55.84 ± 12.6 yrs; 59% females, 41% males. IOP remained comparable after switching to preservative-free therapy (16.38 ± 5.73 vs. 16.82 ± 4.02 mmHg, $p < 0.3$). Significant improvement noted in Schirmer's, interferometry, OSDI scores, and TBUT ($p < 0.05$). TMH and meibography showed no significant change. Conclusion: Preservative-free AGM improve ocular surface health and tear film stability while maintaining IOP control.



ABSTRACTS

RAPID FIRE

ABSTRACT NO	FP40
TITLE	TULIP -Therapeutic ultrasound in lowering intraocular pressure - A Non-invasive, Office-based Therapy for glaucoma
CHIEF AUTHOR	Dr. Sharmila R
PRESENTING AUTHOR	Dr. Sharmila R
CO-AUTHOR(S)	Dr. A Vijayalakshmi A Dr. Indira Durai
SYNOPSIS	Purpose: To evaluate the safety, efficacy and potential MoA of Therapeutic Ultrasound for Lowering Intraocular Pressure (TULIP™) therapy in patients with primary open-angle glaucoma (POAG) /ocular hypertension (OHT).Methods: Treatment-naïve POAG/OHT subjects (Group I, n = 15) received unilateral TULIP treatment in one eye and the standard therapy in the other eye. A second cohort (Group II) included POAG/OHT patients receiving TULIP prior to cataract surgery (n = 4), compared with age-matched cataract controls without glaucoma (n = 5). Blood, aqueous humor and tear samples were analyzed for cytokines (CNTF, IL-1β, IL-6, MMP-3 and TNF-α) via multiplex Luminex assays and mTOR by ELISA.Results: TULIP treatment resulted a significant IOP reduction (25.8% in Group I and 34% in Group II), improved visual field sensitivity and preserved retinal nerve fiber layer thickness. Increased levels of cytokines and mTOR in aqueous humor samples suggest cytokine-driven remodeling as a mechanism. Conclusion: TULIP is a safe, non-invasive therapy with potential to preserve retinal structure and function, making it a promising option for glaucoma treatment.





ABSTRACTS

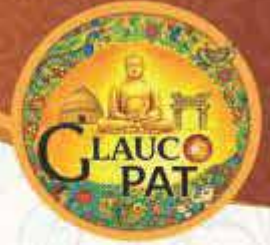


RAPID FIRE

ABSTRACT NO	FP42
TITLE	Outcome of Gonioscopy-Assisted Transluminal Trabeculotomy in eyes with prior failed glaucoma surgery
CHIEF AUTHOR	Dr. Nidhi Tomar
PRESENTING AUTHOR	Dr. Nidhi Tomar
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nimrita Gyanchand Nagdev Dr. Ramarghya Kusum Chakraborty
SYNOPSIS	A prospective interventional study (n= 35 eyes) that underwent GAAT after failed combined phaco-trab. Baseline characteristic IOP, BCVA and AGMs were compared. Data collected at 2 wk,1,3,6,12 mo.Surgical success defined as IOP ≤ 21 /≤ 18 /≤ 15 mmHg with > 20/25/30% reduction from baseline, resp(Criteria 1,2 &3).Complications, secondary interventions & surgical risk factors were also analyzed. Results -Mean (SD) IOP (mmHg) decrease from 25.89 ± 12.91 to 13.46 ± 3.93 at 12 mo ($p < 0.001$).AGM reduced from 3.26 ± 0.85 to 1.54 ± 1.09 at 12 mo ($p < 0.01$). Overall 37.9% IOP reduction and 17.1 % medication free patients at 12 mo. Success rate 77.1%, 74.3% and 60.0% by criteria 1, 2 and 3 respectively at 12 mo. IOP spikes observed in 3 patients, micro-hyphema were seen in 8 patients, macro-hyphema in 3 patients and 2 patients required AC wash.Conclusion -GATT can be an effective and safe surgical alternative for managing IOP in eyes with prior failed glaucoma surgeries, associated with minimal complications.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP43
TITLE	One-Year Outcomes of Gonioscopy-Assisted Transluminal Trabeculotomy in Juvenile Open-Angle Glaucoma
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Madhavi Ramanatha Pillai Dr. Ramarghya Kusum Chakraborty
SYNOPSIS	Aim: To study surgical outcomes of GATT in JOAG. Methods: Prospective, Non-Randomised, Interventional study included 30 eyes (26 pts); 11 (mild-moderate-Grp 1)19-severe (Grp 2).JOAG patients underwent GATT & followed on 1 week, 1,3,6 months&1 year. Outcomes were IOP, AGM, BCVA, Surgical success, complications.Surgical success was defined as IOP $\leq 21/\leq 18/\leq 15$ mmHg with $>20/25/30\%$ reduction (criteria 1–3).Results: Mean IOP reduced from 23.73 ± 9.65 to 13.27 ± 4.54 in grp 1($p=0.002$) & 23.26 ± 9.80 to 14.10 ± 8.32 in grp 2($p0.003$) at 1 year. Mean IOP reduction was 36.3% & 28.7% at 1 yr. Mean AGM reduced from 3.00 ± 0.77 to 0.91 ± 1.30 & 2.89 ± 0.94 to 0.74 ± 0.81 in grp 1(63.6% meds free) & 2(47.4% meds free) respectively. Success rate 63.6%, 63.6%, 54.6% in grp 1 by criteria 1, 2, 3 respectively. In grp 2, 73.7%, 68.4%, $47, 4\%$. Microhyphema in 6 pts (2 grp1, 4 grp2), Macrohyphema 3pts (1 grp 1, 2 grp 2), 2 pts required AC wash.Conclusion: GATT is a safe&efficacious procedure in JOAG, with good surgical success & IOP reduction.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP44
TITLE	Comparison of Tanito microhook Trabeculotomy vs Bent ab interno Needle Goniotomy in POAG at 12 month
CHIEF AUTHOR	Dr. Nidhi Tomar
PRESENTING AUTHOR	Dr. Nidhi Tomar
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Kavya Subramanian M. S Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	To compare Tanito microhook trabeculotomy (TMH) vs Bent ab interno needle goniotomy with phaco in eyes with POAG. Methods: Retrospective & comparative study 70 eyes (35 TMH-Phacogp1 & 35 BANG-Phacogp2). Baseline IOP, BCVA & AGMs compare at each post-op visit. Data collect at 2 wk, 1, 3, 6 & 12 mo. Surgical success define as IOP ≤ 21 / ≤ 18 / ≤ 15 mmHg with $> 20\%$ / 25% / 30% reduction from baseline, resp (Crit 1, 2 & 3). Complication, sec intervention & surgical risk factor analyzed. Results: Mean (SD) IOP decrease from 24.69 ± 7.09 to 14.14 ± 2.33 & from 23.20 ± 7.90 to 13.09 ± 2.87 in gp1 & 2 resp. at 12 mo ($p < 0.001$) AGM reduce from 1.57 ± 1.07 to 0.20 ± 0.58 & from 1.46 ± 0.85 to 0.14 ± 0.36 in gp1 & 2 resp. at 12 mo ($p < 0.001$). Complete & Qualified success was 80%, 71.4%, 65.7% and 14.3%, 11.4%, 8.6% in gp1 esp. In gp 2, it was 71.4%, 65.7%, 62.9% & 14.3%, 14.3%, 5.7%. Microhyphema seen in 5 pts (3 gp1, 2 gp2) & 6 pts had IOP spikes (4 gp1, 2 gp2) Conclusion: Both TMH & BANG achieved IOP & medication reduction, with TMH shows superior outcomes & higher success at 12 mo



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP45
TITLE	Bringing Virtual reality to Real World: Performance of novel VR Perimeter vs Humphrey's Perimetry
CHIEF AUTHOR	Dr. Usha Tejaswini S
PRESENTING AUTHOR	Dr. Usha Tejaswini S
CO-AUTHOR(S)	Dr. Kavitha Srinivasan Dr. Rengaraj Venkatesh Dr. Sharmila R
SYNOPSIS	Aim: Comparing performance of novel Smart System Virtual reality perimetry (SSVRP) with standard automated perimetry (SAP) among controls and patients with mild, moderate, severe glaucoma Methodology: Participants performed 24-2 ZEST strategy in SSVRP and SAP by Humphrey's 24-2 strategy. Outcomes compared, participant feedback gathered Results: Total of 362 eyes included in glaucoma (144 mild, 119 moderate, 99 severe, 151 controls). Fixation losses and false positives were lower in SSVRP group ($p < 0.001$ in mild and severe) as compared to SAP; False negatives were significantly higher in SSVRP (< 0.001) with longer testing time. In severe disease, patients performed better on VRP. Bland Altman plot showed reasonable agreement between the two. Participants' had positive feedback for ease and comfort of VRP. Conclusion: Performance of SSVR perimetry is comparable to SAP across all glaucoma severities. It has the potential to strengthen screening at community and primary eye care centres.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP49
TITLE	Bilateral simultaneous Acute Angle Closure (AAC) caused by Sulfonamide derivatives: A case series
CHIEF AUTHOR	Dr. Lalitha K.J.
PRESENTING AUTHOR	Dr. Lalitha K.J.
CO-AUTHOR(S)	Dr. Niharika Singri Prasad
SYNOPSIS	We report the occurrence of three cases of bilateral AAC associated with Sulfonamide-derived medications and highlight features of the presentation and treatment to assist in early diagnosis and management. The clinical records of three cases with bilateral AAC induced by Sulfonamide-derived medications (Sulfasalazine given for arthritis, oral Acetazolamide given for prophylaxis of acute mountain sickness, and Topiramate given for migraine) were reviewed. All three identified cases presented with blurred vision that improved with myopic correction, elevated IOP, and a shallow anterior chamber. UBM showed a 360-degree ciliochoroidal effusion in both eyes. Management includes identifying the Sulfonamide-derived medication and its immediate cessation; treatment involves topical steroids, cycloplegics, and topical AGM. After 3-4 weeks, in all three cases, vision was 6/6 without glasses, IOP was normal, AC depth was normal, and there was complete resolution of the ciliochoroidal effusion.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP51
TITLE	Evaluating efficacy and safety of the AGV and Trabeculectomy in glaucoma secondary to scleritis.
CHIEF AUTHOR	Dr. Munmun Roy
PRESENTING AUTHOR	Dr. Munmun Roy
CO-AUTHOR(S)	Dr. Baskaran Mani Dr. Ronnie George
SYNOPSIS	Retrospective study comparing scleritis-associated secondary glaucoma who underwent either AGV or trabeculectomy over a period of 25 years. A total of 67 patients were divided into AGV and TRAB groups. Mean preop IOP was comparable between groups (24.20 ± 13.56 mmHg in AGV vs 28.39 ± 11.41 mmHg in TRAB; $p=0.1554$). Postop, both groups showed significant IOP reduction, AGV achieving lower immediate postoperative IOP compared to TRAB. At final follow-up, IOP was comparable. BCVA improved significantly in the TRAB group ($p=0.025$) but remained stable in the AGV group. Both groups achieve $\geq 30\%$ IOP reduction. According to WGC guidelines definition of complete success, it is likely low in our study 36.4% and qualified success is 31.8% which indicates moderate refractoriness of disease. Postoperative AGMs remain in AGV 2 ± 0.73 and in TRAB 2.18 ± 1.16. Additional procedures were higher in the TRAB group. Complication like bleb-related issues more common in TRAB and hypotony/choroidals in AGV.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP52
TITLE	One year outcomes of Phaco-GATT in patients who required AC wash for postoperative hyphema
CHIEF AUTHOR	Dr. Kavya Subramanian M. S.
PRESENTING AUTHOR	Dr. Kavya Subramanian M. S.
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nimrita Gyanchand Nagdev Dr. Ramarghya Kusum Chakraborty
SYNOPSIS	Aim; To evaluate outcome of ACwash for postop hyphema following Phaco-GATT.Methododes;Retrospective,observational matched case–control study of 1,673 eyes that underwent Phaco-GATT. Eyes requiring ACwash(G1) were compared with 100age/sex-matched controls(G2).IOP,AGM,,BCVA were analyzed at 2w,1,3,6,12mnths.Surgical success definition-IOP reduction $\geq 20\%$ or ≥ 1AGM reduction from baseline or an IOP ≤ 18 mmHg at each postop visit.Results:The mean(SD)IOP reduced from 20.25 ± 6.74 to 12.10 ± 3.34 in G1,from 19.19 ± 7.20 to 12.36 ± 4.70 in G2($p < 0.001$).AGM decreased from 2.20 ± 1.01 to 0.30 ± 0.66 in G1,from 2.31 ± 1.16 to 0.49 ± 0.98 in G2($p < 0.001$).BCVA improved from 0.20 ± 0.15 to 0.04 ± 0.12 in G1,from 0.27 ± 0.28 to 0.05 ± 0.14 in G2($p < 0.001$).No statistically significant difference in IOP($p = 0.77$),AGM($p = 0.28$),BCVA ($p = 0.84$) between G1&2 at 1y.No risk factors were identified.The surgical success - 95% (G1) & 94%(G2)($p > 0.99$).Conclusion:ACwash for postop hyphema following Phaco-GATT does not impact surgical outcomes.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP55
TITLE	Outcome of Management of Lens-Induced Glaucoma Over Two Years in a Tertiary Care Center
CHIEF AUTHOR	Dr. Anu F Anand
PRESENTING AUTHOR	Dr. Anu F Anand
CO-AUTHOR(S)	NA
SYNOPSIS	The aim of this study is to evaluate the clinical profile of LIG patients over two-year period in a tertiary care center in South India. This was a prospective observational study. Patients diagnosed with LIG were included. Surgical procedures included manual small incision cataract surgery (MSICS). Outcome measures included postoperative IOP, BCVA and complications. A total of 71 patients were included, with a predominant age group of 65 to 75 years. The most common type of lens-induced glaucoma observed was phacolytic. Following initial medical management and subsequent surgical intervention, there was a statistically significant reduction in IOP at all postoperative follow-ups ($p < 0.05$). A considerable proportion achieved a best corrected visual acuity of 6/18 or better. The study demonstrates that early diagnosis and cataract extraction result in favourable outcomes. Delayed presentation remains the most important factor contributing to poor visual prognosis.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP57
TITLE	A Comparative Evaluation Of Phacoemulsification With Goniotomy & Trabeculectomy In Early Onset PACG
CHIEF AUTHOR	Dr. Prannya Arora
PRESENTING AUTHOR	Dr. Prannya Arora
CO-AUTHOR(S)	Dr. Shikha Gupta Dr. Viney Gupta
SYNOPSIS	Early-onset primary angle-closure glaucoma (EOPACG) differs etiologically from adult forms, often arising from structural ocular anomalies rather than pupillary block, making surgical management challenging. This retrospective comparative study evaluated the efficacy and safety of phacoemulsification with goniotomy (PG) versus trabeculectomy in 50 eyes (25 per group). Both groups demonstrated significant intraocular pressure (IOP) reduction at 12 months (PG: 40.08 ± 14 mmHg; trabeculectomy: 39.68 ± 14.6 mmHg; $p < 0.001$), along with decreased dependence on medications. Final IOP control and medication requirements were comparable between groups. Success rates were 84% for PG and 72% for trabeculectomy, while absolute success was higher with trabeculectomy (60% vs 36%). However, complications were lower in the PG group (12% vs 24%). PG was found to be non-inferior to trabeculectomy in IOP control with a better safety profile, suggesting it as a promising surgical alternative in EOPACG.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP58
TITLE	ICE IN EVOLUTION IN MALE
CHIEF AUTHOR	Prof. Sagarika Patyal
PRESENTING AUTHOR	Prof. Sagarika Patyal
CO-AUTHOR(S)	Prof. Sagarika Patyal
SYNOPSIS	68 Years male, refd in 2018. VN 6/6 EE (hypermetropic correction BE) On examination: CCT of 561 Rt, 565 Lt on eye drops Latanoprost both eyes, closed angles Both eyes , YAG LASER PI done BE, field changes appeared only in left eye in 2020 – no progression seen eyes.2023- was found to have one iridocorneal adhesion in left eye only. Gonioscopy showed one PAS, Slit lamp examination -one iridocorneal adhesion- Serial Specular analysis since 2023- decreasing endothelial cell count and polymegathism, polymorphism, ASOCT done showed the iridocorneal adhesion. Diagnosed as A-R Syndrome. Iridocorneal adhesions increased in number. Confocal microscopy was non contributory. Clinically diagnosed as evolving ICE syndrome in a male patient and kept on AGMs and follow up.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP60
TITLE	Role of macular parameters in glaucoma patients with focal disc damage
CHIEF AUTHOR	Dr. Trupti Patil
PRESENTING AUTHOR	Dr. Trupti Patil
CO-AUTHOR(S)	Dr. M. Baskaran Dr. Ronnie George
SYNOPSIS	Methods – In this cross-sectional study we included patients with focal disc damage (rim thinning < 4 clock hours) with primary glaucoma in the glaucoma group and healthy subjects in the control group. All patients underwent optical coherence tomography (OCT) and OCT angiography (OCTA) We compared macular thickness, ganglion cell thickness, macular vessel density and foveal avascular zone. Results – In the glaucoma group 75 eyes of 65 patients and control 75 healthy were included. The age group was comparable. Glaucoma group had larger CD ratio (0.7 vs 0.47 $p < 0.001$). Ganglion cell thickness, vessel density and macular thickness were reduced among glaucoma groups compared to control. ($p < 0.01$). FAZ parameters showed no difference, area (0.25 vs 0.28 mm² $p = 0.2$) and perimeter (2.14 vs 2.21 $p = 0.5$) Conclusion - All the macular based parameters were reduced among glaucoma groups with focal disc damage as compared to controls. However, FAZ parameters were similar between the groups.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP61
TITLE	Short term outcomes of BANG with MSICS in Moderate to Severe Primary Open-Angle Glaucoma
CHIEF AUTHOR	Dr. Techii Dodum Tara
PRESENTING AUTHOR	Dr. Techii Dodum Tara
CO-AUTHOR(S)	Dr. Shahinur Tayab
SYNOPSIS	Purpose; To evaluate the safety & efficacy of BANG with SICS in moderate to severe POAG. Methods; Prospective interventional study of 23 eyes with visually significant cataract with moderate to severe POAG undergoing BANG with SICS. The primary outcome was postoperative IOP reductions. Secondary outcomes included reduction in AGMs & intraoperative complications. Data was analyzed for 6mths. Success criterion A; IOP ≤ 15 mmHg in moderate or ≤ 12 mmHg in severe glaucoma with or without medication & criterion B; reduction of at least one AGM. Results; 23 eyes with mean age of 65.35 ± 6.47 yrs were analyzed. At 6months, mean preop IOP reduced from 23.87 ± 7.14 to 12.74 ± 2.22 mmHg ($P < 0.001$), AGMs decreased from 2.09 ± 0.85 to 0.35 ± 0.49 ($P < 0.001$) & log MAR VA improved from 1.36 ± 0.65 to 0.34 ± 0.55 ($P < 0.001$). Success rate achieved at 6m by criterion A & B were 65.2% & 91.3% respectively. Conclusion; Combined BANG with SICS may offer a practical, affordable & safe options for moderate & severe POAG.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP63
TITLE	Micro-Bypass in a Complex Landscape: Managing Glaucoma Following Silicone Oil Removal with iStent
CHIEF AUTHOR	Dr. Tamonash Basu
PRESENTING AUTHOR	Dr. Tamonash Basu
CO-AUTHOR(S)	NA
SYNOPSIS	A 52-year-old patient presented with refractory secondary open-angle glaucoma in the right eye, six months following silicone oil removal for complex rhegmatogenous retinal detachment. Despite successful retinal reattachment, the IOP remained uncontrolled at 28 mmHg on 4 topical AGMs. The Optic disc also showed mild glaucomatous damage. Given the patient's history of multiple conjunctival manipulations during prior vitreoretinal procedures and mild glaucomatous optic nerve damage, implantation of two second-generation trabecular micro-bypass stents (iStent inject W) was planned. The stents were placed nasally into the TM under direct gonioscopy. Postoperatively, patient showed a reduction in IOP. At six months, the IOP stabilised at 14mm Hg with two AGMs. Postoperative gonioscopy confirmed the stable position of stents, with no evidence of blockage by residual silicone oil. It shows that MIGS can be a primary consideration even in complex secondary glaucoma following VR surgeries.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP64
TITLE	Genetic Spectrum of Childhood and Early-Onset Glaucoma: A Five-Year Tertiary Care Experience.
CHIEF AUTHOR	Dr. Neha Yadav
PRESENTING AUTHOR	Dr. Neha Yadav
CO-AUTHOR(S)	Dr. Goura Chattannavar Dr. Sirisha Senthil
SYNOPSIS	To evaluate the genetic spectrum of primary and developmental glaucoma using next-generation sequencing. We studied 358 individuals from 247 families at a tertiary ocular genetics clinic (January 2020–October 2025), excluding trauma-, neovascular-, and drug-induced cases. Of 247 families, 180 (72.9%) were conclusive. Primary congenital glaucoma (n=57) was predominantly caused by CYP1B1 (n=53) and TEK (n=4). Developmental glaucoma (n=66) included anterior segment dysgenesis (FOXC1, CPAMD8, PITX2), ectopia lentis-related glaucoma (LTBP2), and aniridia (PAX6). Juvenile open-angle glaucoma (n=4) involved TRPM3, EFEMP1, MYOC, and NTF4. Secondary angle-closure glaucoma (n=23) was linked to BEST1, PRSS56, CRB1, and RS1. Syndromic cases accounted for 30 families. A diagnostic yield of 72.9% underscores marked genetic heterogeneity, supporting expanded genomic approaches for precise diagnosis and counselling.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP66
TITLE	Over the Counter, Under the Radar : Knowledge-Practice Gap in Steroid eye drops dispensing
CHIEF AUTHOR	Dr. Meghana R Hiremath
PRESENTING AUTHOR	Dr. Meghana R Hiremath
CO-AUTHOR(S)	Dr. Gowri.J. Murthy Dr. Priyanka Sudhakar
SYNOPSIS	Two staged study on pharmacist knowledge,attitude,practices (KAP) regarding steroid drops.Stage1-109 covert standardized patient(SP) visits to pharmacies asking drops for redeye/itching without prescription.Stage2- 129 structured KAP questionnaire.Results showed a stark knowledge-practice gap-drops were dispensed over-the-counter(OTC) by 71% pharmacies in the SP visits,32% being steroids, while only 16% admitted OTC dispensing in the questionnaire($p=0.007$).While 90% claim they advise a doctor's visit, only 66% did so in SP visits.Although 75% claimed to screen patient history,only 60% did so($p=0.022$) & this was independent predictor for OTC dispensing on logistic regression analysis(OR 2.8,$p=0.046$).Brand substitution admitted by 50%,risking high-potency steroid exposure. Surprisingly, pharmacists aware of steroid complications were 3.5X more likely to dispense steroids($p=0.001$).Knowledge alone insufficient for safe dispensing,strict regulations mandatory to prevent iatrogenic vision loss.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP67
TITLE	To study the profile of pediatric patients undergoing glaucoma surgery at a tertiary eye care centre
CHIEF AUTHOR	Dr. Mandabi Sengupta
PRESENTING AUTHOR	Dr. Mandabi Sengupta
CO-AUTHOR(S)	Dr. Vidya Wadke
SYNOPSIS	To study profile of pediatric patients (≤ 18 yrs) undergoing glaucoma surgical and cyclodestructive procedures at a tertiary centre. Charts from Jan 2024 to Jan 2026 were reviewed. 50 patients underwent glaucoma procedures. 34 male, 16 female. Mean age 7.43 ± 5.73 years. Types of glaucoma: PCG (n=30), traumatic (n=7), post VR surgery (n=3), congenital ectropion uveae(n=3), uveitic(n=3) and others(2 aniridia, 2 steroid induced, 1 post ROP). Trabeculectomy with MMC was the most common surgery performed (n=19) followed by combined external trabeculotomy with trabeculectomy (n=17). Other procedures were diode cpc (n=8), external trabeculotomy (n=3), combined cataract and trabeculectomy (n=2) and AGV (n=1). BCVA could be measured in 22 patients. It improved from 0.9 ± 0.65 to 0.65 ± 0.53 LogMAR units at 6 weeks. PCG was the most common indication and trabeculectomy, either alone or combined with external trabeculotomy was the most common surgery performed at a tertiary glaucoma care centre.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP68
TITLE	Iridotomy Impossible: Neodymium-doped Yttrium Aluminium Garnet Fibrinolysis as Vision-Saving Therapy
CHIEF AUTHOR	Dr. Ranjan Kumar Behera
PRESENTING AUTHOR	Dr. Ranjan Kumar Behera
CO-AUTHOR(S)	Dr. Akanksha Sharma Dr. Faisal T T Dr. Surinder S Pandav
SYNOPSIS	Fibrous pupillary block after cataract surgery is rare but rapidly vision-threatening. A 48-year-old one-eyed female with primary angle-closure glaucoma developed sudden vision loss, severe pain, uniformly shallow anterior chamber, and intraocular pressure of 48 mmHg within 24 hours of uneventful phacoemulsification with PCIOL. Slit-lamp showed a dense fibrin membrane sealing the pupil; maximal medical therapy failed. Nd: YAG peripheral iridotomy was not feasible due to corneal edema and iridocorneal touch. Urgent Nd: YAG fibrinolysis instantly relieved the block with anterior chamber deepening and IOP reduction. By next day, vision improved to 6/9 and IOP normalized. This highlights a fulminant entity requiring immediate recognition and establishes Nd: YAG fibrinolysis as a rapid, vision-saving alternative when iridotomy is not feasible.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP70
TITLE	Decoding the Genotype and Phenotype of Ushers' Syndrome in Two Relatives
CHIEF AUTHOR	Prof. Sagarika Patyal
PRESENTING AUTHOR	Prof. Sagarika Patyal
CO-AUTHOR(S)	Prof. Sagarika Patyal
SYNOPSIS	41 years male, deaf and mute, glaucoma BE – RE trabeculectomy .IOP UNCONTROLLED with AGMs, AGV done. , IOP .controlled with medication. Atypical features of retinitis Pigmentosa found. 23 years old niece of the patient, impaired hearing, uncontrolled IOP. Diagnosed case of Uveitis BE, HIGH MYOPIA and glaucoma, Trabs BE, Cyclocrotherapy done elsewhere on multiple AGMs, uncontrolled IOP. AGV s done both eyes and IOP controlled with AGMs .No clinical features of retinitis Pigmentosa seen. Results: Both patients: Whole Exome sequencing done of both patients Mutation found in ADGRV1 Gene, exons 14 and 36 affected, compound heterozygous zygoty, AR inheritance-Ushers syndrome type II. Male patient had Ushers' syndrome type C, pathogenic PVS1, PS4 , PM2 and also a variant of uncertain MYOC gene in UTR region found.No such variant found in female. Relevance of genotyping - RP dev later in life important for female patient.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP71
TITLE	One-Year Outcomes of KDB Goniotomy with Phaco in POAG vs PACG: A Prospective Study
CHIEF AUTHOR	Dr. Nimrita Gyanchand Nagdev
PRESENTING AUTHOR	Dr. Nimrita Gyanchand Nagdev
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Kavya Subramanian M. S. Dr. Madhavi Ramanatha Pillai
SYNOPSIS	Aim: Evaluate safety & efficacy of KDB goniotomy with phaco in pts with POAG & PACG. Materials: A prospective, interventional study included 126 eyes (61 POAG, 65 PACG). All patients underwent KDB with phaco & followed up at 2 wks, 1, 3, 6 & 12mths. Outcome measures included IOP, AGM & BCVA. Surgical success was defined as $IOP \leq 21/\leq 18/\leq 15$ mmHg with $>20/25/30\%$ reduction (criteria 1–3). Results: The mean (SD) IOP (mmHg) & AGMs decreased from 22.39 ± 2.78 with 1.61 ± 0.71 AGMs & 22.02 ± 2.02 with 1.60 ± 0.61 AGMs to 14.68 ± 5.08 with 0.09 ± 0.39 AGMs & to 14.05 ± 2.89 with 0.09 ± 0.39 AGMs, in POAG & PACG resp with no significant difference between them ($p=0.47$, $p=0.81$). Success rate was 87.9%, 84.6%, 70.9% in POAG (criterion 1-3). In PACG, 92.3%, 84.3%, 61.5%. IOP spikes in 7pts (3POAG, 4PACG) Macro hyphema in 12pts (4POAG, 8PACG), 6 pts required AC wash (2POAG, 4PACG). Conclusion: KDB combined with phaco is safe & effective with similar surgical outcomes in primary open-angle & primary angle closure glaucoma.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP74
TITLE	AGV Implant - Clinical outcomes in Pars Plana versus Anterior chamber Entry in Refractory Glaucoma
CHIEF AUTHOR	Dr. Salwa Kaidakath
PRESENTING AUTHOR	Dr. Salwa Kaidakath
CO-AUTHOR(S)	Dr. Meena Menon Dr. Shalini Shalini
SYNOPSIS	To compare clinical outcomes and complications of Ahmed glaucoma valve (AGV) implantation with tube placement in the anterior chamber (AC) versus pars plana (PP) for refractory glaucoma. This single-centre, retrospective study analyzed 60 eyes (38 AC; 31 PP). Parameters included IOP, visual acuity, medication count, and complications. Success was defined as IOP 6–21 mmHg without implant removal or loss of light perception. Both groups showed significant IOP reduction (AC: 35.00 to 16.37 mmHg; PP: 38.96 to 16.90 mmHg; $P < 0.001$) and decreased medication use. Final IOP, visual outcomes, and medication burden were comparable ($P > 0.05$). Success rates were 78.9% (AC) and 67.7% (PP), with no significant difference in complication rates ($P = 0.683$). AGV implantation via either AC or PP is effective in lowering IOP and reducing medication burden in refractory glaucoma, with comparable safety profiles. Both approaches remain viable options depending on ocular anatomy and surgical indications.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP75
TITLE	Trickling down of Blood - Care approaches in 2 case scenarios
CHIEF AUTHOR	Dr. Salwa Kaidakath
PRESENTING AUTHOR	Dr. Salwa Kaidakath
CO-AUTHOR(S)	Dr. Meena Menon Dr. Shalini Shalini
SYNOPSIS	To discuss individualized management of two uncommon anterior segment hemorrhage presentations, we report two distinct clinical scenarios. A 72-year-old on anticoagulants presented with sudden vision loss one year post-trabeculectomy. Examination showed blood trickling into the anterior chamber from a loose conjunctival suture. Vision returned to baseline immediately following suture removal. A 54-year-old diabetic presented with spontaneous hyphema and raised intraocular pressure, without neovascularization and normal fundus. Iris fluorescein angiography confirmed iris microhemangiomas at the pupillary margin and mid-iris. These were successfully treated with focal photocoagulation, leading to resolution and stabilized vision. With appropriate management, both cases achieved favorable visual outcomes. Careful observation and utilization of appropriate diagnostic methods, along with timely and individualized interventions, are essential for optimal patient care and visual preservation.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP77
TITLE	Kahook Dual Blade (KDB) Goniotomy versus Combined KDB with phacoemulsification: a comparative study
CHIEF AUTHOR	Dr. Niteen Dedhia
PRESENTING AUTHOR	Dr. Niteen Dedhia
CO-AUTHOR(S)	Dr. Rohan Dedhia
SYNOPSIS	Aim: To compare intraocular pressure (IOP) reduction following standalone minimally invasive glaucoma surgery (MIGS) using Kahook Dual Blade (KDB) versus combined MIGS with phacoemulsification. Methods: This retrospective comparative study included 36 eyes of 30 patients. Thirteen eyes underwent KDB goniotomy and 23 underwent combined KDB with phacoemulsification. IOP was recorded preoperatively at baseline and postoperatively (day 1, 7, 30, 60). Post-op complications and antiglaucoma medication (AGM) use were noted. Results: Mean IOP reduced at postoperative day 30. Greater reduction was observed in the combined group (mean reduction 1.3 mmHg) versus standalone MIGS. Twenty eyes (55.6%) were off AGM. Four eyes (11.1%) required trabeculectomy. Hyphema occurred in 10 eyes (27.8%), with 3 (8.3%) requiring AC wash. No major complications were noted. Conclusion: Combined MIGS with phacoemulsification may provide greater IOP reduction than standalone KDB, suggesting an additive effect.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP78
TITLE	Evaluation of Macular OCT Changes in Patients with Glaucomatous Field Defects
CHIEF AUTHOR	Dr. Achal Singhal
PRESENTING AUTHOR	Dr. Achal Singhal
CO-AUTHOR(S)	Dr. Govind Prakash Dr. Ramanjit Sihota Dr. Richa Pyare
SYNOPSIS	To evaluate the prevalence of macular abnormalities on OCT in glaucomatous eyes and correlate them with visual field (VF) defects, subtype, and severity. This cross-sectional study included adult glaucomatous eyes. Patients underwent Humphrey perimetry and OCT macula (Cirrus/Optovue). VF severity was graded (Hodapp–Parrish–Anderson) and defects classified (paracentral, nasal step, arcuate, biarcuate). OCT findings included ERM, CME, VMT, thinning, RPE changes, drusen, and choroidal changes. POAG (50%), PACG (33.3%), and secondary glaucoma (16.7%) were included. Macular abnormalities were present in 50%, highest in secondary glaucoma (80%), followed by POAG (46.7%) and PACG (20%). Frequency increased with severity. ERM (20%) was most common, with highest association in biarcuate defects (75%). Age, sex, laterality were not significant. OCT macula aids glaucoma diagnosis, but raw scans must be reviewed to avoid segmentation-related errors and distorted macular thickness measurements.





ABSTRACTS

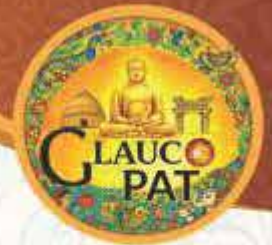


RAPID FIRE

ABSTRACT NO	FP79
TITLE	Topographical mismatch between beta-zone PPA and RNFL damage in POAG: an SD-OCT analysis
CHIEF AUTHOR	Dr. Sneha Subhash Rathod
PRESENTING AUTHOR	Dr. Sneha Subhash Rathod
CO-AUTHOR(S)	Dr. Sarang Lambat Dr. Prabhat Nangia Dr. Vinay Nangia
SYNOPSIS	Aim: To determine whether the topographical distribution of beta-zone parapapillary atrophy (BZ-PPA) matches sectoral RNFL and BMO-MRW damage in primary open-angle glaucoma (POAG). Methods: Cross-sectional SD-OCT (Heidelberg Spectralis) study of 112 eyes of 56 POAG patients (mean age 64.98 ± 10.32 years). BZ presence in six TINST sectors and clock-hour extent were correlated with sectoral RNFL and MRW values. Results: BZ-PPA was most frequent temporally (94.6%), temporo-inferiorly (89.3%) and temporo-superiorly (80.4%), and least frequent nasosuperiorly (48.2%). However, BZ extent correlated significantly with RNFL thinning in nasosuperior ($p=0.009$), temporo-inferior ($p=0.004$) and global ($p=0.025$) sectors, but not temporal ($p=0.558$). MRW followed an identical pattern (nasal $r=-0.398$, $p<0.001$; global $r=-0.344$, $p=0.001$). Conclusions: BZ-PPA is topographically discordant from RNFL and MRW damage. Local BZ presence does not reflect localised glaucomatous fibre loss.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP81
TITLE	Inherited Retinal Dystrophies with Angle Closure: High risk for postoperative malignant glaucoma
CHIEF AUTHOR	Dr. Gowri Pratinya Kolipaka
PRESENTING AUTHOR	Dr. Gowri Pratinya Kolipaka
CO-AUTHOR(S)	Dr. Deepika C Parameshwarappa Dr. Sirisha Senthil
SYNOPSIS	To describe a rare phenotype of inherited retinal dystrophies (IRD) with angle closure glaucoma (ACG) that are predisposed to malignant glaucoma (MG) following any intraocular surgery. This retrospective study included 27 patients (21 families) with IRD and ACG. Comprehensive evaluation and genetic testing were performed. Eyes undergoing intraocular surgery were assessed for MG. Median age was 31 years. Mean axial length was 21.6 mm; median intraocular pressure 22 mmHg; Genetic testing identified 20 pathogenic variants across 21 families, involving BEST1(16), CRB1(3), RAX2(1), and RS1(1), primarily with autosomal recessive inheritance. All 19 operated eyes (100%) developed MG, managed with vitrectomy-based procedures. Subsequently, prophylactic vitreous intervention in 6 high-risk eyes (fellow-eye MG/genetic risk) prevented MG IRD, especially BEST1-related disease, carries high MG risk after intraocular surgery; prophylactic vitreous management and early genetic diagnosis are critical.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP84
TITLE	Prevalence Spectrum and Management of Primary Angle Closure Disease in Tertiary Care Hospital
CHIEF AUTHOR	Dr. Prachi Nilraj Bakare
PRESENTING AUTHOR	Dr. Rachita Sarda
CO-AUTHOR(S)	Dr. Mahesh Tikekar Dr. Rupali Amle Dr. Trupti Mugale
SYNOPSIS	To evaluate the prevalence, clinical characteristics, and management outcomes of PACD and PACG. Methods: This prospective interventional study included 100 eyes of 50 patients aged >40 years with shallow anterior chamber and >180° iridotrabecular contact. Comprehensive ocular examination and biometric assessment were performed, and management was individualized. Statistical significance was set at $p < 0.05$. Results: A total of 100 eyes of 50 patients were analysed, with female predominance (80%). Mean age was 59.14 ± 9.51 years. PAC (40%) was most common, followed by PACS (32%) and PACG (28%). YAG PI was performed in 74%. Clinical findings indicated that not all shallow anterior chambers required peripheral iridotomy, and not all PACG cases necessitated trabeculectomy. Conclusion: PAC was the predominant spectrum in tertiary care. Careful clinical assessment is essential to avoid unnecessary interventions while ensuring optimal pressure reduction and visual preservation.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP85
TITLE	Long-Term Outcomes of Acute Primary Angle Closure: A 3-Year Clinical Study
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	Methods: A retrospective study of 31 subjects with Acute angle closure glaucoma and followed for 3 years. Results: A total of 31 patients were included. Mean IOP reduced from 51.0 ± 13.7 mmHg at presentation to 17.3 ± 10.9 at 6 months, 16.2 ± 7.6 at 1 year, and 15.5 ± 5.4 at 3 years ($P < 0.001$). BCVA improved from logMAR 1.0 to 0.30, 0.18, and 0.18, respectively ($P < 0.001$). AGMs decreased from 4.65 ± 1.2 to 0.94 ± 1.1 at 3 years ($P < 0.001$). LPI was performed in 74.2%, with 29% avoiding surgery. Cataract progressed in 83.9%, with 71% requiring surgery. Fellow eyes showed mean IOP 16.5 ± 9.3 mmHg, with 22.6% needing AGMs and 9.7% cataract surgery. Conclusions: Early treatment aims to control intraocular pressure while monitoring anterior chamber angle and optic nerve changes. Initial management with pressure-lowering agents is effective, while timely surgical intervention, including LPI for the fellow eye, offers promising long-term outcomes.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP86
TITLE	Intracameral Air Bubble in Trabeculectomy: Does it prevent early bleb leakage?
CHIEF AUTHOR	Dr. Urvish Vashisht
PRESENTING AUTHOR	Dr. Urvish Vashisht
CO-AUTHOR(S)	Dr. Astha Vaghasia Patolia
SYNOPSIS	Purpose: To evaluate the effect of intracameral air bubble on early bleb leakage after trabeculectomy. Methods: A retrospective comparative study of 20 consecutive eyes undergoing trabeculectomy with intracameral air bubble and 20 matched controls without air bubble was performed. Groups were comparable for baseline age, gender, and intraocular pressure (IOP). Parameters analyzed included IOP, anti-glaucoma medications, and Seidel positivity. Results: Age ranged from 22–85 years in the air bubble group and 20–82 years in controls, with male predominance (15:5 vs 12:8). Preoperative IOP was 24 mm Hg vs 23 mmHg, reducing to 15–16 vs 13–14 mmHg at 1 month. Seidel positivity was noted in 2 (10%) eyes in the air bubble group and 1(5%) eye in controls, with no statistically significant difference ($p=1.0$). Conclusion: Intracameral air bubble in trabeculectomy does not affect the early bleb leakage rate.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP87
TITLE	From Tumor to Pressure: Navigating Secondary Glaucoma in Pediatric ocular tumors
CHIEF AUTHOR	Dr. Shalini Shalini
PRESENTING AUTHOR	Dr. Shalini Shalini
CO-AUTHOR(S)	Dr. P. Mahesh Shanmugam Dr. Meena Menon
SYNOPSIS	We report two rare pediatric cases of anterior segment tumors complicated by secondary glaucoma. Case 1 involved a 4-year-old child presenting with an iris mass and lens subluxation; histopathology confirmed a low-grade non-teratoid medullo-epithelioma. Case 2 was a 5-month-old infant presenting with right eye leukocoria, diagnosed as a melanocytic iris nevus with an associated iris epithelial cyst. Both cases posed significant diagnostic and therapeutic challenges, necessitating a multidisciplinary approach with close collaboration between the ocular oncologist, glaucoma specialist, and pediatrician. Secondary glaucoma developed in both patients and was initially managed medically, followed by surgical intervention with glaucoma drainage devices. These cases underscore the importance of early recognition and individualized management to preserve vision and achieve optimal intraocular pressure control in pediatric anterior segment tumors.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP88
TITLE	Visual Outcome of hypotony patients following trabeculectomy or trabeculectomy with Cataract surgery
CHIEF AUTHOR	Dr. Deepa M
PRESENTING AUTHOR	Dr. Deepa M
CO-AUTHOR(S)	Dr. Shantha Balekudaru
SYNOPSIS	To assess visual outcome in late post-operative hypotony patients Retrospective study, post-operative hypotony was defined as IOP ≤ 6mm Hg in the last visit > 1 year post surgery. Outcome was vision loss of 3 lines of Snellen acuity. Group A had trabeculectomy (n=7). Group B had trabeculectomy with Cataract surgery (n=65). The mean age in Group A and B was 52.71 ± 17.77 and 60.03 ± 13.51. Males were more overall. Group A showed no significant difference between pre-operative and final visit visual acuity. Group B showed a significant increase in Visual acuity (p- 0.009). Clinically hypotonic maculopathy was 9.67% in Group B. No significant worsening of macular split quadrants and mean threshold of central 4 points in 10-2 program in both groups. Loss of 3 lines of Snellen's visual acuity was observed in 14 patients (19.4%). No baseline risk factors identified for vision loss overall Despite Hypotony being a failure criterion for glaucoma surgery, the visual worsening in hypotony is less





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP89
TITLE	Clinical efficacy of Kahook Dual Blade goniotomy in Indian eyes
CHIEF AUTHOR	Dr. Bindu S Ajith
PRESENTING AUTHOR	Dr. Bindu S Ajith
CO-AUTHOR(S)	Dr. Nafia Basheer Moossa Dr. Nimitha Nageeb
SYNOPSIS	To evaluate the clinical efficacy and safety of Kahook Dual Blade goniotomy along with phacoemulsification in Indian eyes with glaucoma. A prospective interventional study included 100 eyes of 100 patients with primary open-angle and angle closure glaucoma undergoing Kahook Dual Blade goniotomy with phacoemulsification. Intraocular pressure (IOP), antiglaucoma medications, and complications were evaluated preoperatively and at 1 week, 1 month, 3 months, 6 months, and 3 years. Preoperative IOP ranged from 22–26 mmHg and reduced to 16–18 mmHg at final follow-up. Patients who required 2–3 antiglaucoma medications preoperatively were mostly let off of all medicines. Transient hyphema, ciliochoroidal effusion, and postoperative iritis were observed and resolved with medical management. Kahook Dual Blade goniotomy is a safe and effective minimally invasive procedure providing significant IOP reduction with an acceptable safety profile in Indian eyes.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP90
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. Madhavi Ramanatha Pillai Dr. Techii Dodum Tara
SYNOPSIS	Methods: The medical data of NVG patients (28 eyes) who underwent AADI implantation were retrospectively analysed. Results: Mean IOP reduced from preoperative 46.21 ± 8.6 mmHg to 32.07 ± 13.0 mmHg, 23.08 ± 12.8 mmHg, 21.00 ± 14.4 mmHg and 22.67 ± 19.5 mmHg at 2 weeks, 6 weeks, 6 months and 12 months, respectively. The mean number of AGM reduced from 3 preoperative to 2.42, 1.37, 1.55 and 1.65 at 2 weeks, 6 weeks, 6 months and 12 months, respectively. The BCVA was stabilized or improved in 54% of the eyes at 2 months, and in 66.6% of the eyes at the end of 12 months. Complete success was 50% and 37.5% (Criteria 1: IOP ≤ 18 mmHg or 30% reduction from the baseline without AGM & criteria 2: IOP ≤ 15 mmHg or 40% reduction from baseline without AGM) after 12 months. Qualified success :83.3% & 72.2% (criteria 1: & criteria 2 complete success with AGM) Conclusions: This study demonstrates surgical success with the pars plana placement of the AADI in NVG in terms of IOP control and visual acuity.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP92
TITLE	Comparative Evaluation of Tanito Microhook Versus Kahook Dual Blade Trabeculotomy
CHIEF AUTHOR	Dr. Bindu S Ajith
PRESENTING AUTHOR	Dr. Bindu S Ajith
CO-AUTHOR(S)	Dr. Nimitha Nageeb Dr. Vysakh balan
SYNOPSIS	To compare the efficacy and safety of Tanito microhook and Kahook Dual Blade in ab interno trabeculotomy for open-angle glaucoma, this prospective observational study evaluated patients undergoing either technique combined with phacoemulsification over 6 months. Baseline intraocular pressure (IOP) and medication burden were comparable. Both groups showed significant IOP reduction (25–30%) with a decrease of 1–2 medications. The difference in IOP reduction was not statistically significant. Postoperative complications included hyphema and anterior chamber reaction, more frequent in the microhook group but resolving spontaneously. No sight-threatening complications occurred. Both techniques are effective with comparable outcomes; however, the Tanito microhook may offer an advantage in shallow anterior chamber cases due to ease of use.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP94
TITLE	Biometric Outcome of Peripheral Iridotomy in Patients with the Spectrum of Angle Closure Disease
CHIEF AUTHOR	Dr. Srimathi T
PRESENTING AUTHOR	Dr. Srimathi T
CO-AUTHOR(S)	Dr. Archana S Dr. Niranjana Dr. Sujatha Mohan
SYNOPSIS	Aim: Evaluate anterior segment biometric changes in a spectrum of primary angle closure diseases (PACD) pre and post laser PI by AS-OCT and lens star Optical Biometry. Design: Prospective study. Material and Methods: in 80 eyes (40 patients) with PACD, Central AC depth (cACD) and Lens thickness(LT) noted from Lens star and angle opening distance 500, 750 (AOD 500, 750), anterior chamber area (ACA), lens vault (LV) measured from AS-OCT pre and post laser. Results and conclusion: Laser PI resulted in significant increase in AOD 500, 750 ($P \leq 0.000$), c ACD ($P = 0.001$), and ACA ($P < .000$). Also correlated AC widening with LT and found, it is more in a group with LT $< 4.5\text{mm}$ than $> 4.5\text{mm}$. Laser PI resulted in widening of the AC angle by a significant increase in the AOD, cACD, ACA and flattening of the iris. AC widening is significant in patients with less LT. Laser PI can eliminate risk of acute angle closure and decrease progression of angle closure glaucoma.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP95
TITLE	Unconventional inflammatory markers in prognostication of Primary Open Angle Glaucoma
CHIEF AUTHOR	Dr. Nishi Satish
PRESENTING AUTHOR	Dr. Sangeeta Abrol
CO-AUTHOR(S)	Dr. Ammar Hussain
SYNOPSIS	The purpose of this study is to determine if serum Homocysteine, vitamins B6, B12 and folic acid values are affected in primary open angle glaucoma, to follow up and analyse if these values change. This is a prospective analytical study, done in two steps. Once the patient was successfully diagnosed as POAG, a baseline value of all inflammatory markers was immediately evaluated. All patients were started on therapy and monitored on months 1, 3 and 6. Serum levels of inflammatory markers were taken on each visit and compared for patients who progressed vs patients who did not. Patients of all three grades were included in this study, results were stratified according to severity. Patients who progressed according to visual field analysis or RNFL changes showed statistically lower levels of vitamin B12, B6 and folate. Serum Homocysteine levels were statistically higher, but not clinically higher, prompting further research and guidelines.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP97
TITLE	Short term outcomes of microincisional trabeculectomy: A retrospective study
CHIEF AUTHOR	Dr. Yatin Deelip Patil
PRESENTING AUTHOR	Dr. Yatin Deelip Patil
CO-AUTHOR(S)	Dr. Neethu Mohan Dr. Prasanna Venkataraman
SYNOPSIS	Aim: To report the short-term safety and efficacy of microincisional trabeculectomy (MIT). Methods: Retrospective study of 87 patients who underwent combined MIT with phacoemulsification. Outcomes were assessed on day 1, 2 weeks, 2 months, and 6 months. Measures included intraocular pressure (IOP), antiglaucoma medications (AGM), complications, and trabecular cleft status. Results: Mean IOP increased slightly from 16.97 ± 4.47 mmHg preoperatively to 17.14 ± 4.77 mmHg at 6 months; though statistically significant ($p < 0.0001$), the change was clinically negligible. Mean AGM reduced from 2.16 ± 1.24 to 0.26 ± 0.77 at 6 months. Transient hyphema occurred in 2 eyes. No significant complications were noted. Conclusion: MIT, a novel ab-interno minimally invasive trabeculectomy, reduced AGM burden without sight-threatening complications. Larger studies with longer follow-up are needed to assess long-term IOP control.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP99
TITLE	Glaucoma following MIVS for treatment - naïve rhegmatogenous retinal detachment in adults
CHIEF AUTHOR	Dr. Surinder S Pandav
PRESENTING AUTHOR	Dr. Akanksha Sharma
CO-AUTHOR(S)	Dr. Ramandeep Singh Dr. Faisal T T Dr. Surinder S Pandav
SYNOPSIS	Purpose: To evaluate the incidence, clinical course, and management of ocular hypertension (OHT)/glaucoma after MIVS for treatment-naïve adult rhegmatogenous retinal detachment at a tertiary care centre in Northern India. Materials & Methods: In this retrospective observational study, 148 adults undergoing MIVS with internal tamponade for RRD were analysed. Postoperative OHT/glaucoma was diagnosed using IOP and clinical findings. Management included antiglaucoma medications, silicone oil removal (SOR) and glaucoma surgery. Results: Mean age was 52.2 years. 87% underwent SB+PPV+SOT, 10%SB+PPV with gas, and 3%PPV+SOT. Mean postoperative IOP rise was 24.4 mmHg. OHT/glaucoma developed in 27%. IOP was controlled medically in 52.5%, while 37.5% required SOR. Surgical intervention achieved 83% qualified success. Conclusion: Glaucoma is a common sight-threatening complication after MIVS for RRD. Early detection and timely medical or surgical management are essential for optimal IOP control.





ABSTRACTS

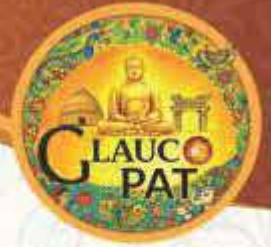


RAPID FIRE

ABSTRACT NO	FP102
TITLE	Outcomes of Laser suturelysis with Hexagonal Lens after Trabeculectomy
CHIEF AUTHOR	Dr. Amar Bhaskare
PRESENTING AUTHOR	Dr. Amar Bhaskare
CO-AUTHOR(S)	Dr. Laxmi Nirwan
SYNOPSIS	Aim : To evaluate outcomes of Trabeculectomy augmented with MMC after laser suturelysis with Hexagonal Lens within one month in PACG and Secondary Glaucoma patients Material and methods: Patients with PACG and Secondary Glaucoma who underwent Trabeculectomy with MMC .Hexagonal Lens used for suturlysis within one month of surgery to optimise the results . Patients followed up for a year to evaluate outcomes of Trabeculectomy with MMC. Conclusion : A novel and cheaper technique to optimize results of Trabeculectomy with minimal post operative complications.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP103
TITLE	Standard Trabeculectomy Revisited: Refinements That Improve Outcomes
CHIEF AUTHOR	Dr. Sumit Sachdeva
PRESENTING AUTHOR	Dr. Sumit Sachdeva
CO-AUTHOR(S)	Dr. Manisha Rathi
SYNOPSIS	Trabeculectomy is the Gold standard and time tested technique to control IOP in Glaucoma patients. although various modifications have been made over time, yet success rate varies in different hands. This talk revisits the standard technique through a practical, surgeon-centered view, highlighting subtle modifications and tips that consistently improve outcomes. Emphasis is placed on conjunctival handling, optimal scleral flap architecture, and controlled aqueous egress using pertinent sutures. Judicious and appropriate use of antimetabolites is discussed to balance efficacy with safety, alongside strategies to encourage diffuse, posterior bleb formation. By focusing on these nuanced, experience-driven adjustments, the presentation aims to make trabeculectomy more predictable, safer, and ultimately more rewarding for both surgeon and patient.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP104
TITLE	Retrospective study of Intraoperative Injectable Mitomycin C vs sponge MMC during trabeculectomy.
CHIEF AUTHOR	Dr. Meena Menon
PRESENTING AUTHOR	Dr. Meena Menon
CO-AUTHOR(S)	Dr. Niharika Singri Prasad Dr. Shalini Shalini
SYNOPSIS	Purpose: To compare the efficacy and safety of intraoperative subconjunctival injectable mitomycin C (MMC) versus sponge-applied MMC during trabeculectomy. Methods: Retrospective analysis of patients who underwent trabeculectomy with injectable MMC (n=58) and sponge-applied MMC (n=61) with the concentration of 0.4mg/ml of MMC solution. The primary outcomes measured were intraocular pressure (IOP) and the number of anti-glaucoma medications (AGM) at various time points. Results: Both groups showed a significant reduction in mean IOP from pre-operative levels over a six-month follow-up period ($p=0.001$ for both groups). Both groups demonstrated a significant decrease in the mean number of AGMs post-operatively ($p=0.001$ for both). Bleb morphology was noted to be similar in both groups. Conclusions: The injectable method of administering MMC offers a safe and equally effective alternative to the traditional sponge application in trabeculectomy, with a comparable safety profile.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP105
TITLE	Effect of glaucoma medication on lipid layer thickness in patients with newly diagnosed glaucoma
CHIEF AUTHOR	Dr. Pradeep Balam
PRESENTING AUTHOR	Dr. Pradeep Balam
CO-AUTHOR(S)	Dr. Ajitha Sasidharan Dr. Mithun Thulasidas Dr. Totli Kuruba Mayuri
SYNOPSIS	Purpose: To know effect of topical glaucoma medications on lipid layer thickness (LLT) in newly diagnosed glaucoma patients using LipiView ocular surface interferometer. Methods: Patients attending glaucoma OPD who were newly diagnosed with glaucoma and treated with topical glaucoma medications for 12 months were included in study. Three LLT parameters (maximum, average and minimum) were recorded before starting medications and after 6 months. Results: 38 eyes of twenty six patients were included in study. Before starting treatment maximum, average and minimum LLT were 80.98 ± 16.50, 65.84 ± 16.73 and 55.55 ± 20.62. At the end of 12 months maximum, average and minimum LLT were 77.42 ± 14.34, 62.50 ± 15.57, 52.40 ± 18.24. Longer duration of glaucoma eye drops and a greater number of glaucoma medications were associated with the lower LLT. Conclusion: Patients on longterm glaucoma medications should be assessed for lipid layer thickness to evaluate the ocular surface health.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP106
TITLE	Awareness knowledge among paramedical staff about glaucoma surgeries – A questionnaire-based study
CHIEF AUTHOR	Dr. Rakesh Shakya
PRESENTING AUTHOR	Dr. Rakesh Shakya
CO-AUTHOR(S)	Dr. Kushal Murlidhar Pandit Dr. Navjot Ahluwalia
SYNOPSIS	We included 41 (43.6%) females and 53 (56.4%) males. Mean age 24.85 ± 4.54 years. All were aware of trabeculectomy surgery in glaucoma (100%). 95.7% knew that surgery helps in controlling IOP, of whom 57 (60.6%) participants got information course of learning. Overall 53 (56.4%) believed that surgery is done when medication failure occurs, and 58 (61.7%) knew that surgery helps in preserving vision. 63 (67.0%) participants knew to counsel patients to visit an ophthalmologist, whereas 74 (78.7%) said to visit an ophthalmologist immediately. Overall, PCTs having significantly better knowledge ($P = 0.01$) compared to others Conclusion: The PCT had an excellent awareness of trabeculectomy surgery. However, the knowledge and counseling parts of the questionnaire revealed less than satisfactory responses. So, need to continuously educate paramedical staff members so that they can help in propagating information about the role of glaucoma surgery and the importance of proper follow-up.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP107
TITLE	Effect of Trabeculectomy on BMO-MRW and Peripapillary RNFL thickness by Spectralis OCT
CHIEF AUTHOR	Dr. Ramarghya Kusum Chakraborty
PRESENTING AUTHOR	Dr. Ramarghya Kusum Chakraborty
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Nidhi Tomar Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Purpose: To evaluate the effects of IOP reduction from trabeculectomy on BMO-MRW and peripapillary RNFL thickness by spectralis OCT. Methods: Prospective interventional study included 53 glaucoma patients aged 40-70 scheduled for trabeculectomy. Patients underwent preoperative and postoperative OCT at 1 month, 3 months, 6 months, and 1 year to measure changes in BMO-MRW and RNFL thickness. Results: BMO-MRW increased significantly from baseline ($133.89 \pm 82.6 \mu\text{m}$) to $154.04 \pm 109.5 \mu\text{m}$ at 1 month ($P < 0.001$), 3 months ($147.09 \pm 90.9 \mu\text{m}$, $P = 0.004$), 6 months ($145.51 \pm 82.2 \mu\text{m}$, $P = 0.003$) and 12 months ($147.36 \pm 85.2 \mu\text{m}$, $P = 0.002$). BMO-MRW correlated significantly with the reduction of IOP ($\rho = -0.29$, $P = 0.034$). Mean RNFL thickness showed no significant changes at 12 months ($54.13 \pm 26.4 \mu\text{m}$, $P = 0.161$). Conclusion: Trabeculectomy significantly increases NRR thickness, which strongly correlates with reduction in IOP. RNFL thickness showed no significant changes. BMO-MRW is a sensitive indicator for monitoring disease progression.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP109
TITLE	Efficacy and Safety of SubCyclo laser in patients with Refractory Glaucoma
CHIEF AUTHOR	Dr. Pradeep Balam
PRESENTING AUTHOR	Dr. Pradeep Balam
CO-AUTHOR(S)	Dr. Ajitha Sasidharan Dr. Mithun Thulasidas Dr. Totli Kuruba Mayuri
SYNOPSIS	Purpose: To study safety and effectiveness of SubCyclo laser procedure in patients with refractory glaucoma. Methodology: 20 eyes of 19 patients who were diagnosed with refractory glaucoma had received SubCyclo laser under local anesthesia. Laser settings were customized based on patients IOP. Patients were followed up after 1 week, 1 month, and 6 months. Results: Mean preoperative IOP was 32 mm Hg, which reduced to 20.3 mmHg 1 week after procedure. At 1 month, average IOP was 18.4 mm Hg. At 6 months followup IOP was 17.1 mmHg. Mean number of antiglaucoma medications used was 3 before the laser intervention, which reduced to 2.6 following treatment. In our study, we observed a 36.57% drop in the IOP from baseline after 1 week and 46.57 % reduction in IOP at 6th month follow-up with a single laser session. Conclusions: This study concludes that subcyclo laser is safer and a satisfactory decrease in IOP could be achieved in patients with refractory glaucoma.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP110
TITLE	Glaucoma Drainage Devices: From Resistance to Redemption
CHIEF AUTHOR	Dr. Sumit Sachdeva
PRESENTING AUTHOR	Dr. Sumit Sachdeva
CO-AUTHOR(S)	Dr. Manisha Rathi
SYNOPSIS	This presentation outlines the evolution, rationale, and clinical role of glaucoma drainage devices (GDDs) in managing refractory glaucoma. It highlights their importance in eyes with conjunctival scarring, failed trabeculectomy, and high-risk conditions like neovascular and pediatric glaucoma. Tracing historical advances from early setons to modern implants, it explains the core principle of diverting aqueous humor posteriorly to reduce resistance. A comparison of valved and non-valved devices is presented alongside key evidence from the Tube Versus Trabeculectomy study. Surgical steps, tube positioning, hypertensive phase, and complications are discussed, emphasizing postoperative management as critical to success. The presentation advocates individualized device selection, early use in select cases, and realistic patient counselling, framing GDDs as a strategic, vision-preserving intervention rather than a cure.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP111
TITLE	1 Year Surgical Outcomes of Combined GATT with Phacoemulsification in PXFG.
CHIEF AUTHOR	Dr. Ramarghya Kusum Chakraborty
PRESENTING AUTHOR	Dr. Ramarghya Kusum Chakraborty
CO-AUTHOR(S)	Dr. Devendra Maheshwari Dr. Kavya Subramanian M. S Dr. Nimrita Gyanchand Nagdev
SYNOPSIS	Purpose: To evaluate safety & efficacy of GATT in PXFG. Methods: Prospective, interventional study included 76 eyes with significant cataract & PXFG. Pts evaluated at 2 weeks, 1 month, 3, 6 & 12 months. IOP, AGM, BCVA, surgical success, complications and interventions were evaluated. Complete success was defined as $IOP \leq 21 / \leq 18 / \leq 15 \text{ mmHg}$ with $>20\%/25\%/30\%$ reduction from baseline without AGM (criteria 1, 2 & 3). Qualified success was complete success with AGM. Results: Mean IOP (mmHg) reduced from 27.46 ± 6.57 to $11.32 \pm 2.91, 11.59 \pm 2.22, 11.92 \pm 3.26, 11.64 \pm 2.20$ & 12.71 ± 3.72 at 2 wks, 1 month, 2, 3, 6, 12 months resp. Mean AGM reduced from 1.88 ± 0.75 to $0.01 \pm 0.11, 0.07 \pm 0.34, 0.04 \pm 0.26, 0.04 \pm 0.26$ & 0.11 ± 0.42 at 2 weeks, 1 month, 2, 3, 6, 12 months resp. Complete success was 92.1% (criteria 1, 2) and 90.8% by criteria 3. Qualified success was 7.9%, 6.6% & 3.9%. IOP spikes (11 pts), Microhyphema (6 pts), Macrohyphema (4 pts), AC wash (2 pts). Conclusion: GATT combined with phacoemulsification significantly reduced IOP & AGM at 12 months.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP113
TITLE	Secondary Glaucoma: Role of Multispecialty Teamwork in Complex Case Management
CHIEF AUTHOR	Dr. Monika Gupta
PRESENTING AUTHOR	Dr. Monika Gupta
CO-AUTHOR(S)	NA
SYNOPSIS	Secondary glaucoma is a major cause of preventable visual loss, often due to delayed diagnosis and lack of mechanism-based management. This case-based series highlights the importance of a multidisciplinary approach in managing complex secondary glaucoma. Patients were evaluated using detailed history, slit-lamp examination, and mandatory gonioscopy to identify underlying mechanisms. Cases included scleritis requiring rheumatology input, ocular ischemic syndrome needing cardiology evaluation with carotid Doppler, and a challenging case with corneal opacity where gonioscopy revealed a retained nuclear fragment causing secondary glaucoma. Management directed at the primary cause, along with coordinated multispecialty care, resulted in better intraocular pressure control and visual outcomes. Gonioscopy remains the most critical diagnostic tool. A mechanism-based, team-oriented approach is essential for optimal management of secondary glaucoma.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP114
TITLE	Intensive IOP Monitoring to Assess Treatment Efficacy in Plateau Iris Configuration
CHIEF AUTHOR	Dr. Raveendra Tammineni
PRESENTING AUTHOR	Dr. Subhashree Panda
CO-AUTHOR(S)	NA
SYNOPSIS	Purpose: Assess IOP-based framework for evaluating treatment efficacy in PIC & compare single post-treatment IOP readings with serial monitoring. Methods: In this pilot study, 21 eyes (15 patients) with confirmed PIC were treated with pilocarpine, ALPI, or cataract surgery (7 eyes each). ≥ 3 pre- and post-intervention IOP measurements were analyzed. Treatment efficacy of single post-IOP compared with mean & peak IOP from serial readings. Visual field (VF) stability was monitored every 4 months. Results: Baseline IOP was 21.8 ± 2.6 mmHg. Single IOP readings showed a 22% reduction, while serial monitoring showed a 28% reduction and identified residual peak IOPs missed by single measurements. Discrepancies were largest with pilocarpine (mean 3 mmHg). ALPI and cataract surgery achieved more consistent IOP control. Serial metrics correlated better with VF stability. Conclusion: Serial IOP monitoring is more reliable than single post-intervention measurements for assessing treatment efficacy in PIC.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP115
TITLE	Comparative Analysis of Corneal Stromal Percentage in Glaucoma Patients with Thin and Thick Cornea
CHIEF AUTHOR	Dr. Priyasha Goel
PRESENTING AUTHOR	Dr. Priyasha Goel
CO-AUTHOR(S)	Dr. Jasleen Dhillon Dr. Ramanjit Sihota Dr. Swarnali Sen
SYNOPSIS	The Ocular Hypertension Treatment Study established thinner corneas as a strong risk factor for glaucoma. Previously studies have compared stromal thickness of cornea in normal and glaucoma population finding it to be thinner in the glaucoma group leading to the hypothesis that it maybe due to weaker ocular connective tissue extending to lamina cribrosa. Our aim was to study the difference in the percentage of stromal thickness of the cornea in glaucoma patients with thin (less than 525 microns) and thick (more than 525 microns) central corneal thickness. This is an ongoing study where Pentacam OCT was used to calculate the total and stromal thickness of the cornea in the glaucoma patients with thin and thick CCT. Stromal thickness contributed to 82.5 and 84 percent of the thin cornea versus 84.2 and 84.5 percent of the thick cornea in right and left eye respectively. To conclude, stromal thickness percentage was not found to be significantly different in thin and thick cornea.



ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP116
TITLE	Optic Nerve Head OCT Angiography in Glaucoma Phenotypes: Extension of Structure-vascular Correlates
CHIEF AUTHOR	Dr. Raveendra Tammineni
PRESENTING AUTHOR	Dr. Ditsha Datta
CO-AUTHOR(S)	NA
SYNOPSIS	Purpose To compare vascular parameters derived from optical coherence tomography angiography (OCTA) with retinal nerve fiber layer (RNFL) thickness in primary open-angle glaucoma (POAG), and to evaluate their relationship across different stages of disease severity. Methods-This prospective observational cross-sectional study included 61 eyes with POAG and 57 age-matched healthy controls. OCTA vessel density was assessed at the optic nerve head and macula, and quadrant-wise analysis was performed. Results-POAG eyes demonstrated a statistically significant reduction in global and quadrant-wise RNFL thickness compared with controls ($p < 0.001$). OCTA analysis revealed a marked reduction in optic nerve head vessel density, particularly in the central region Conclusion This study demonstrates that optic nerve head OCTA vessel density correlates closely with structural damage measured by RNFL and reflects disease severity in POAG. OCTA provides information regarding microvascular compromise.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP117
TITLE	Outcomes of Phaco-iStent injectW & Phaco-KDB in Open-Angle Glaucoma: A Prospective Pilot Study
CHIEF AUTHOR	Dr. Drishti C
PRESENTING AUTHOR	Dr. Drishti C
CO-AUTHOR(S)	Dr. Suneeta Dubey
SYNOPSIS	Purpose: To compare the efficacy and safety of phacoemulsification combined with iStent inject W versus Kahook Dual Blade (KDB) in mild-to-moderate open-angle glaucoma. Methods: Prospective single-centre study of 28 eyes undergoing phaco with iStent or KDB, followed up to 12 months. Outcomes included IOP reduction, AGM use, and surgical success ($\geq 20\%$ IOP reduction without additional intervention). Results: Baseline IOP was 19.2 ± 2.9 mmHg (iStent) and 17.9 ± 2.9 mmHg (KDB). At 12 months, IOP reduced to 14.4 ± 1.9 mmHg (25.3%) and 13.9 ± 1.5 mmHg (22.4%) ($p < 0.01$). AGMs decreased from 2.07 ± 0.83 to 0.64 ± 0.63 (iStent) and 1.93 ± 1.44 to 0.71 ± 0.83 (KDB). Surgical success was 50% vs 35.7%. Complications were mild and self-limiting. Conclusions: Both procedures achieved significant IOP and medication reduction with excellent safety, with slightly higher success for iStent.





ABSTRACTS



RAPID FIRE

ABSTRACT NO	FP118
TITLE	Primary versus Salvage GATT in Adult Glaucoma: A Retrospective Outcome Analysis
CHIEF AUTHOR	Dr. Surinder S Pandav
PRESENTING AUTHOR	Dr. Anchal Gera
CO-AUTHOR(S)	Dr. Akanksha Sharma Dr. Faisal T T Dr. Sushmita Kaushik
SYNOPSIS	To compare primary versus salvage gonioscopy-assisted transluminal trabeculotomy (GATT) in adult glaucoma, 47 eyes were retrospectively analysed: 30 primary and 17 salvage GATT. Age, sex, lens status, pre-op IOP, visual field mean deviation, medication burden, and primary/secondary glaucoma distribution were comparable; only treated angle was greater in primary GATT ($327.66 \pm 64.57^\circ$ vs $263.52 \pm 87.88^\circ$; $p=0.007$). At 6 months, IOP was similar (14.27 ± 5.15 vs 13.46 ± 3.93 mmHg; $p=0.288$), with comparable %IOP reduction ($21.34 \pm 36.98\%$ vs $40.62 \pm 22.18\%$; $p=0.132$) and medication reduction (2.09 ± 1.41 vs 2.46 ± 1.33; $p=0.588$). At 12 months, %IOP reduction ($32.47 \pm 28.91\%$ vs $29.98 \pm 5.81\%$; $p=1.000$) and medication reduction (2.33 ± 1.58 vs 3.00 ± 1.00; $p=0.567$) remained comparable. Cumulative success was similar at 6 months (78.3% vs 80.0%; $p=1.000$) and 12 months (50.0% vs 50.0%; $p=1.000$). Kaplan-Meier showed no survival difference (log-rank $p=0.436$). Salvage GATT may offer outcomes comparable to primary GATT.





ABSTRACTS



RAPID FIRE

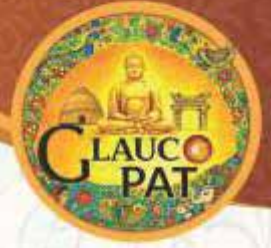
ABSTRACT NO	FP119
TITLE	A New Technique of Amniotic Membrane Graft-Augmented Trabeculectomy
CHIEF AUTHOR	Dr. Siddharth Dikshit
PRESENTING AUTHOR	Dr. Siddharth Dikshit
CO-AUTHOR(S)	Dr. Nikhil Choudhari
SYNOPSIS	Purpose: To evaluate outcomes of trabeculectomy augmented with amniotic membrane graft (AMG) in glaucoma. Methods: Retrospective review of 19 consecutive eyes undergoing trabeculectomy with AMG and a follow-up for a minimum of 1 year. All eyes underwent trabeculectomy with a rectangular (3x4mm) with 2 releasable and 1 fixed suture. A 5x8 mm AMG was placed with stromal side down and fibrin glue applied between AMG and conjunctiva. Results: Mean age was 51.2 years. PACG was the commonest diagnosis (26.1%), followed by JOAG and POAG (17.4% each). Overall, mean IOP reduced from 26.7 ± 7.7 to 14.2 ± 7.8 mmHg and topical medications from 4.3 to 1.1. Releasable sutures were released in 11 eyes. 3 blebs had encapsulation and needed needling. Conclusion: Trabeculectomy with AMG achieved meaningful IOP and medication reduction. There is a possible tendency of bleb encapsulation and needs larger sample size.





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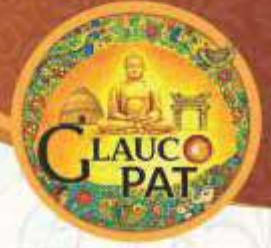
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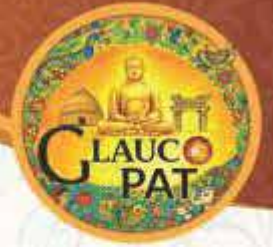
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