Program and Abstract Book

The 34th Indonesian Ophthalmologist Association Annual Meeting,
Joint Meeting with Singapore Society of Ophthalmology
and
3rd International Conference on MSICS under the Aegis of ISMSICS
(International Society of Manual Small Incision Cataract Surgeons)

ADVANCED SCIENCE and TECHNOLOGY IN OPHTHALMOLOGY TOWARD VISION 2020

Clarion Hotel & Convention Hall
August 09 - 11, 2008
Makassar, Indonesia

SVR-001
SURGICAL APPROACH FOR MACULAR DISEASE
Gilbert WS Simanjuntak, MD

There are several macular diseases which needs medical and surgical approach. In spite of progress in medical approach for treat!ble macular diseases, still there are several macular diseases which need surgical approach. Presentation will discuss about treatable macular diseases with surgical approach, and will be focused on macular hole, tractional macular edema and limited macular translocation. Surgical video be presented.

SVR-002
MANAGEMENT OF DRIFT LENS INTO THE VITREOUS
Iwan Sovani, MD

SVR-003
MANAGEMENT OF POSTERIOR SEGMENT OCULAR INJURY WITH / WITHOUT IOFB
Arief Kartasasmita, MD

SVR-004
SURGICAL APPROACH IN ENDOFTHALMITIS
Soedarman Sjamsoe, MD

SVR-005
INTRAVITREAL ANTI-VEGF TREATMENT IN RETINAL DISEASES
Rumita Kadarusman, MD

SVR-006
INFLAMMATION AS BACKGROUND MECHANISM IN DIABETIC RETINOPATHY
Habibah S. Muhiddin, MD

Bacground purpose: Diabetic Retinopathy (OR) is one of chronic complications of diabetes mellitus that potential in causing blindness. To date, pathogenesis of OR is still unclear. Many factors are considered to have a role in background mechanism of DR, including inflammation process. Tumor necrosis factor alpha (TNF-α) and ICAM-1 are proinflammatory cytokines has been suggested responsible in pathogenesis of DR.

Material and methods: An observational case control study was performed to evaluate the association between promoter TNF-α-308 gene polymorphism, serum TNF-α, aqueous humor TNF-α and metabolic factors in developing of DR.

Sixty eight DM patients were enrolled in this study, consi.sted of: 29 male and 39 female, the mean age was 54,51 ± 8,38 years old. History taking about DM and associated diseases, ophthalmology examinations were done to find the present of diabetic retinopathy. Serum TNF-α, aqueous humor TNF-α, fasting blood glucose, 2 hours after breakfast blood glucose and AIC were measured and tried to evaluate concurrent effects in diabetic retinopathy. The identification of TNF-α promoter gene polymorphism taken from patient's whole blood.

Results: There were 48 DM patients with OR, consisted of 32 (47,06%) NPDR, and 16 (23,53%) PDR as cases, and 20 (29,41%) OM patients without DR as controls. Promoter TNF-α -308A gene was found in 2 cases and 1 control. Mean serum TNF-α was 20,244 ± 21,38 pg/ml, in cases 22,271 ± 22,257 pg/ml and in controls NOR 15,89 ± 19,16 pg/ml. However the mean aqueous humor TNF-α level was 0,49 − 0,36 pg/ml, in case 0,51 ± 0,36 pg/ml and in control 0,46 ± 0,38 pg/ml. Mean of AIC was 8,85 ± 1,8%, 9,21 ± 1,68% in case group and 7,59 ±1,78% in control. increased of serum TNF-a had 2 times relative risk to develop DR (OR 2.03), ci 0,05. A1C level had significant correlation with the development of DR (p= 0.0001). Levei of AIC >7% has 2.75 times risk to have OR, white >8% the risk increased to 4.5 times. Duration of diabetes also has significant correlation to DR (p<0.05). OM > 5 years had relative risk 3.3 times to have DR, and in DM> 10 years increased to 6.8 times. TNF-α Promoter TNF-α -308 gene polymorphism was not a risk factor in development of DR in this study (OR 1,007). There is no significant correlation between serum TNF-α and aqueous humor TNF-α (p 0,53).

SVR-007
VEGF GENE RESEARCH IN MAKASSAR: THE PROSPECT GENETICAL STUDY IN DIABETIC RETINOPATHY
Budu, MD

SVR-008
AVASTIN FOR DIABETIC MACULAR OEDEMA
Edmund Wong, MD

SVR-009
IMPROVEMENTS IN SURGICAL TECHNIQUES AND EQUIMENT FOR PROLIFERATIV DIABETIC RETINOPATHY
Edmund Wong, MD

SURGICAL APPROACH FOR MACULAR DISEASE

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