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Evolution of affordable quality cataract surgery in leprosy over two decades

Treatment of Cataract in leprosy is a challenge due to stigma

Aim: Our aim is to find out most suitable approach for cataract surgery in leprosy affected people.

Design: Prospective case control study. Cases include cataract surgery in leprosy; non-leprosy people undergoing surgery at Camps are controls (1996-2014).

Methods: Surgical methods include ICCE, ECCE with /or without IOL, Phaco /SICS with IOL

Results: Results were divided into three groups

Group 1: Non IOL cases (1996 to 2000). Vision improved to 6/12 in 120/160 cases in short term.

Group 2: 2005-2009: IOL Cases (phaco & SICS). 210/ 250 cases 210 had more than 6/12. Worse in "cases" with Phaco.

Group 3: 2010 to 2014: SICS with IOL was done in 242 cases. Vision in 235 "cases" >6/12. Results were similar in both PALs and non-leprosy controls.

Conclusion: Long term follow-up reveals SICS with IOL is the best in leprosy. But quality treatment should include all-round care involving different stake holders as this is a mixed problem: "ophthalmo socio-economic". More than a lakh new cases/year is huge burden which can be tackled with locally available resources.

Biography

Sanjoy Chowdhury is an honour graduate of Calcutta Medical college (MBBS: 1987), who trained in Ophthalmology at the university of Aligarh, receiving postgraduate "diploma" with university Gold Medal (DO:1990) and at the University of Delhi, India to bag the Master's degree (MS:1993). He is a "Diplomat of National Board of Examinations (1992)" and is a very experienced micro surgeon with special interest in Squint and Community Ophthalmology mainly Leprosy & eye injury. Beyond Eye: Jawhar award, best Innovative manager in 2011 and 2013 of Bokaro steel /SAIL& Best male speaker of AISMOC (SAIL/Bokaro), Joint Director (Medical & health services, SAIL/Bokaro). Head of ophthalmology department, Bokaro general hospital (ISO certified multispecialty 910 bedded hospital).

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