J Clin Exp Ophthalmol 2016, 7:3 (Suppl)
http://dx.doi.org/10.4172/2155-9570.C1.034

Comparison of the one-year outcomes of conbercept therapy between two different angiographic subtypes of polypoidal choroidal vasculopathy

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Objectives: To compare the outcomes of conbercept therapy between two different angiographic subtypes of polypoidal choroidal vasculopathy (PCV).

Methods: Fifty-eight patients of PCV were classified into two phenotypes according to indocyanine green angiography (ICGA). In type 1, both feeder and draining vessels are visible on ICGA and network vessels are numerous. In type 2, neither feeder nor draining vessels are detectable and the number of network vessels is small. The patients were treated with intravitreal conbercept (IVC) for 3 months. Additional IVC was given at subsequent monthly visits, if needed. The patients were followed-up for 12 months, and changes in mean BCVA, central retinal thickness (CRT), serous retinal detachment (SRD), hemorrhage and number of polypoidal lesions was evaluated.

Results: The mean BCVA in type 2 PCV (15.92±9.7614.10±9.07) achieved a significantly greater improvement in than the type 1 (14.10±9.07) at month 12 ($p<0.01$). And the mean CRT decrease was numerically greater in type 2 (120.44±73.81) compared with type 1 (106.48±72.33) at month 6 ($p<0.01$), and greater in type 2 (130.21±76.28) compared with type 1 (111.67±79.57) at month 9 ($p<0.01$). There was no significant difference between the two groups for the decrease in SRF thickness, PED height and regression of polyps from month 3 to 12($p>0.05$).

Conclusions: Classification systems for PCV will show differences in presentation, natural history or response to anti-VEGF treatment and might therefore provide a new key to the choice of treatment of the disease.

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Prevalence and profile of macular diseases in North India as detected by FORUS (low cost fundus imaging) and FORUS for detection of macular diseases by trained optometrist to save eye sight (foresight)

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Five low cost fundus imaging cameras (FORUS, Forus Health Pvt. Ltd, Bangalore India) were installed at 5 hospitals of an eye care organization. Robust training workshops for standardization were conducted for 2 Optometrists and 4 Retinologists involved in capturing and reporting these images. In this prospective study, all new patients (above 30 years of age) visiting these centers during 3 months period were offered fundus imaging as a part of comprehensive checkup. All images were uploaded to cloud for reporting by Retinologists. The Fundus Images were graded as gradable/non-gradable and further analyzed for the abnormalities in macula and/or disc. The structured reports were recorded in excel sheet and analyzed. Total 3356 eyes of 1678 patients underwent Fundus Imaging during 3 months period. Out of 2996 eyes (89.27%) that were gradable, 265 eyes (8.85%) were found to have macular diseases. While AMD detected in 125 eyes (4.17%) was most common macular disease, Diabetic Retinopathy was found in 110 (3.67%) eyes. Choroiditis and Retinal vein occlusion were other common diseases detected. 5 Optometrists from 5 study centers were trained for Reading Fundus images. All patients (>30 years) during 3 months period underwent Tele-screening. In another subset of study images uploaded for reporting were graded and analyzed for macular diseases by Retinologists and optometrist. Reports were analyzed for agreement.1770 eyes of 920 patients were included. Agreement (Cohen's Kappa) between optometrist and Retinologist was 83.15%. Correct diagnosis by optometrist was 68.16%, False positive and false negatives were 13.59% and 0.82% respectively. Prevalence of Macular Diseases in North Indian population seeking eye care and above 30 years as detected by low cost Fundus Imaging was 8.85%. Almost 88.59% of macular diseases were due to AMD and Diabetic Retinopathy. Tele-screening for macular diseases by trained optometrist is an effective strategy with chances of missing macular disease <1% in Indian rural settings.

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