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Plexr, vibrance, OFF in oculoplastic surgery

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Introduction: As eye surgeon engaged in Oculoplastic surgery over ten years, I found that the medical devices Plexr, Vibrance and O.F.F can be used in oculoplastic surgery with good clinical results. In the area of eye aging appears vigorously, these methods allow patient to look younger without bloodshed, without altering his characteristics.

Methods: We got cases where patients formerly had undergone Oculoplastic surgery like blepharoplasty, entropion, ectropion, chalazion, xanthelasmata, nodules, hemangiomas, falling eyelids, eye bags, dark circles and correction surgical blepharoplasty. All diseases treated by applying one or a combination of the three techniques. The sessions were needed accordingly the disease was between one and six. All were treated non-invasively in my private clinic.

Results: The results were excellent. There is no complication, no deterioration in the characteristics or any change of gaze.

Conclusion: Soft Surgery came to give an alternative to oculoplastic surgery. Plexr, Vibrance, OFF can treat the entire range of oculoplastic without surgery, stitches, offering quick recovery to the patient and physical effects.

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2-3 months safety and efficacy in AMD patients treated with Ziv-Aflibercept

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Background & Aim: Aflibercept is an approved therapy for neovascular macular degeneration (AMD) while ziv-aflibercept is approved for oncology and is cost-effective relative to the expensive same molecule aflibercept. *In vitro* and *in vivo* studies did not detect toxicity to the retinal pigment epithelium cells using ziv-aflibercept. Our purpose is to ascertain the 3-month safety and efficacy in AMD treated with intra-vitreous ziv-aflibercept.

Methods: Prospectively, consecutive patients with wet age related macular degeneration that required aflibercept underwent ziv-aflibercept intra-vitreous injection of 0.05 ml of compounded ziv-aflibercept (1.25 mg) from March 2015 to November 2015 in the Lebanese series and scattered select cases in the Indian cases. Monitoring of best-corrected visual acuity, intraocular inflammation, cataract progression and retinal structure by spectral domain OCT were carried initially, one week, one month, two months and three months after injections. The study received Institutional Review Board approval and received the registration NCT02486484.

Results: 30 eyes were treated (22 Caucasians, 8 Indians; 16 men, 14 women; 14 right eye and 16 right eye) with mean age of 74.3 years with 11 naïve cases and 19 having had prior injections 4 months prior to our treatment. Best-corrected visual acuity improved from baseline logMar 1.08 to 0.74 at 1 week, 0.72 at 1 month, 0.67 at 2 month and 0.71 at 3 month ($p < 0.001$ for all time periods). CMT in microns decreased from 332.8 to 302.0 at 1 week, 244.8 at 1 month, 225.9 at 2 months and 208.2 at 3 month ($p < 0.001$ for all time periods). There were no signs of intraocular inflammation, or change in lens status throughout the study. Intraocular pressure was unchanged initial and at 3 month in 10 eyes (12.8 ± 2.3 mmHg vs. 12.8 ± 2.2 mmHg). Significance was also present for the Lebanese series alone and for virgin cases in the Lebanese series.

Conclusions: Off label use of ziv-aflibercept improves visual acuity, without ocular toxicity and offers a cheaper alternative to the same molecule aflibercept, especially in the third world.

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