11TH EURETINA CONGRESS

BIGGER & BETTER

Record attendance at the 11th EURETINA Congress in London

A record number of medical and surgical retina specialists from all over the world converged on London, UK, at the end of May to attend the 11th EURETINA Congress in the Queen Elizabeth II Centre.

A total of 3,000 delegates attended the congress making it not only the largest EURETINA meeting in the history of the society, but also establishing it as the largest retina meeting ever convened. Last year’s congress in the Palais des Congrès, Porte Maillot, Paris was attended by 2,700 delegates.

Addressing the audience at the official Opening Ceremony, EURETINA president, Bill Aylward said the attendance bore testimony to the quality of education and insight the meeting provides to retinal specialists.

“Each meeting has been larger than the previous one and this year’s meeting has nearly 3,000 registrations, so we’re very sure we’re giving you what you want. We have 13 main sessions, 24 instructional courses, 11 free paper sessions plus all the extras that we think make EURETINA special but we still want your feedback because we want to make this meeting better and better,” he said.

Prof Borja Corcostegui MD, Spain, a past-president and founding member of EURETINA, delivered the EURETINA Lecture, titled “Modern Directions for the Surgery of Diabetic Retinopathy.”

The Kreissig Lecture was delivered by Lawrence A Yannuzzi MD, US, on the topic of, “The Spectrum of Vitelliform Lesions in the Macula.”

The winner of the inaugural EURETINA Innovation Awards was Prof Martin Rudolf of the University of Lübeck in Germany who received a cheque for €20,000 for his work on novel drug candidates for the prevention and treatment of AMD by reducing pathological lipid deposition and inflammation in the eye.

Second prize and a cheque for €10,000 was awarded to Prof Eberhart Zrenner of the University of Tübingen, Germany, for his research demonstrating how subretinal electronic implants can restore basic visual function in blind retinitis pigmentosa patients.

The winner of the EURETINA Video Competition was Chien Wong MD, US, for the video “Uveal Effusion Syndrome: Diagnosis and Management”.

First prize went to Dr Yannuzzi MD, Lebanon, for “Modified 20-gauge Transconjunctival Sutureless Sclerotomies for Pars Plana Vitrectomy” and third prize went to Mahmut Dogramaci MD, UK for “Photo-stress During Removal of Silicone Oil”.

The Kreissig Grant, an award of €1,000 to a retinal specialist from a less privileged part of the world, to help them attend the meeting, was presented to Dennis Sibanda MD, Zimbabwe.

FOCUS ON VITELLIFORM LESIONS

The correct diagnosis of vitelliform lesions requires a multimodal approach in order to determine the stage of disease, distinguish disorders of the retinal pigment epithelium from vascular lesions, and identify those cases where they are symptomatic of malignancy, said Lawrence A Yannuzzi MD, in his Kreissig lecture, which he delivered at this year’s EURETINA Congress.

Vitelliform lesions take their name from “vitellus”, a Latin word for egg yolk, because of their fried egg-like appearance. They were first described by Friedrich Best MD, who gave his name to Best’s disease, a paediatric hereditary disease of the retinal pigment epithelium that is characterised by the presence of the lesions.

Subsequent authors have described the lesions occurring in other diseases of the retinal pigment epithelium, Dr Yannuzzi noted. They include other hereditary disorders such as pattern dystrophy, an adult onset disease, as well as various vitelliform dystrophies whose genetic basis is less clear and which are associated with chronic retinal detachment. There is also a condition called adult exudative vitelliform maculopathy, he said.

Dr Yannuzzi said that pattern dystrophy accounts for about 19 per cent of eyes with vitelliform lesions. In such cases, fundus autofluorescence will show a pattern abnormality, he noted. Acuity remains good in such eyes during the early stages of disease, over time it will decrease in response to compression of the fovea, he said. In addition, the degeneration of the pigment epithelium will result in a fundus hypofluorescence.

Soft drusen will sometimes have a vitelliform appearance. However, in retinal pigment epithelial dystrophies, OCT will show that the lesions are on top of the retinal epithelium, whereas soft drusen occur beneath the retinal pigment epithelium. Moreover, while both types of lesion can occur in the same eye, unlike soft drusen, retinal pigment epithelium dystrophies will not respond to anti-VEGF injections.

“The diagnosis of this disease is multimodal, you need the fundus autofluorescence and high resolution OCT,” he said.

Dr Yannuzzi noted that acute exudative vitelliform maculopathy can be idiopathic and benign with a good prognosis in terms of vision. However in some cases the condition can be neoplastic in origin, and can represent an ocular manifestation of such conditions as malignant melanoma, CNS lymphoma, sarcoidosis, breast cancer or endometrial cancer.