<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>2</td>
</tr>
<tr>
<td><strong>OPHTHALMOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>In case of unilateral age-related macular degeneration, how high is</td>
<td>3</td>
</tr>
<tr>
<td>the risk that the second eye becomes involved? - The Three Conti-</td>
<td></td>
</tr>
<tr>
<td>nent AMD Consortium Report</td>
<td></td>
</tr>
<tr>
<td>Preferred practice patterns in central serous chorioretinopathy</td>
<td>3</td>
</tr>
<tr>
<td>Is prophylactic peripheral iridotomy for primary angle closure sus-</td>
<td>4</td>
</tr>
<tr>
<td>pects a risk factor for cataract progression?</td>
<td></td>
</tr>
<tr>
<td>Does magnesium help against nocturnal leg cramps?</td>
<td>4</td>
</tr>
<tr>
<td>Cataract surgery and AMD</td>
<td>4</td>
</tr>
<tr>
<td>What is the value of therapeutic measures to reduce myopia progres-</td>
<td>5</td>
</tr>
<tr>
<td>sion?</td>
<td></td>
</tr>
<tr>
<td>Postoperative efficacy, predictability, safety, and visual quality</td>
<td>5</td>
</tr>
<tr>
<td>of laser corneal refractive surgery: a network meta-analysis</td>
<td></td>
</tr>
<tr>
<td><strong>EYE-QUIZ</strong> – Revision course 1st SAoO Congress</td>
<td>6</td>
</tr>
<tr>
<td>2nd SAoO-Congress from 28.2. to 2.3. 2018</td>
<td>9</td>
</tr>
</tbody>
</table>
Dear Colleagues,

It took a while for the second newsletter of this year to appear. Among other things, this was due to trouble with professional policies and standard rates that kept us busy in the past few months. But as we all know, this is not the key issue of the SAoO and for other groups to deal with.

We could win Dr. med. Vera Schmit-Eilenberger as an experienced lecturer and writer of the newsletter. In future, she will be responsible for the literature review. In this newsletter, you will find already fascinating articles, e.g. about magnesium as a "magic remedy".

I would like to particularly commend the topic of myopia. We will deal with this subject on the occasion of the next congress (taking place from 28.2. – 2.3.2018, again in Lucerne) where a whole block will be dedicated to this issue.

Moreover, you’ll find a competition for the next congress. If you answer all questions (which are composed of the presentations of the latest congress) you’ll get a discount on the congress fee!

At the end of the newsletter, you’ll find a foretaste of the next congress. Don’t forget to save the date: 28.2. to 2.3.2018, Lucerne Fair!

Your President,

Dietmar Thumm

On behalf of the whole foundation council and the programme committee
Five-year progression of unilateral age-related macular degeneration to bilateral involvement: the Three Continent AMD Consortium report

It was the aim of this study to define the 5-year progression from unilateral to bilateral age-related macular degeneration and possibly rule out associated risk factors. Therefore, pooled data analyses of three prospective population based cohorts were examined to assess the progression from unilateral to bilateral AMD involvement, including possible associated factors.

Results:
- 19-28% of unilateral any AMD cases became bilateral
- 27-68% of unilateral late AMD became bilateral.
- Factors associated with the progression to bilateral involvement of any AMD were age, carrying risk alleles of the complement factor H, smoking, the presence of large drusen area, retinal pigmentary abnormalities in the first eye.


Preferred practice pattern in central serous chorioretinopathy

The study is about individual treatment strategies of central serous retinopathy (CSR) by well-known retina experts in Asia, Europe and the United States, due to not existing any prospective or randomised studies and therefore no standard recommendation of therapy. For the development of such treatment strategies, a 27-point questionnaire was created and sent to retina experts, which had had at least one publication in a peer-reviewed English magazine in the past two years.

107 of these were evaluated.

In the case of acute CSR, 79.1% of retinologists prefer to simply observe the case for three months. In the case of chronic CSR, 66.7% chose photodynamic therapy (PDT), in which 60.6% executed this with a full dose and a half-length radiation time. 43.1% opted for an expectant observation of patients with chronic CSR with intraretinal cystic alterations. Diagnostically, EDI OCT is used in 59.8% (to measure thickened choroidea), whereas ICG angiography was only applied in 37.8%.

The single regional difference was found to be that Asian retinologists preferred a focal laser as initial therapy.

Concerning medication, 36.1% of doctors chose Eplerenone (a mineralcorticoid antagonist) as first-line therapy. Anti-VEGF was tried and declared barely helpful by 41.2%. Further medications were: oral therapy with Spironolactone (11.5%), Rifampin (6.6%) and Melatonin (3.3%).

Is prophylactic laser peripheral iridotomy for primary angle closure suspects a risk factor for cataract progression?

In the Chennai Eye Disease Incidence Study, 6 years after their baseline evaluation, 4421 subjects were examined again. There were 3205 eligible subjects. Of these, 190 had undergone LPI for PACS. In comparison to the study population, they were significantly older, female, urban residents and patients with hypertension.

There was significant cataract progression (especially cortical cataract) in 6 years following LPI for PACS.

The authors contribute towards therapeutic decision-making for asymptomatic and slowly progressive Primary angle closure suspects nevertheless keeping in mind the beneficial role of LPI for PAC, PACG and in preventing acute PAC.


Effect of Magnesium Oxide Supplementation on Nocturnal Leg Cramps: A Randomized Clinical Trial

Magnesium supplements are widely marketed for prophylaxis of nocturnal leg cramps (NLC) despite no evidence of significant benefit. This randomized, double-blind, placebo-controlled clinical trial had the objective to determine whether magnesium oxide is better than placebo for NLC prophylaxis.

Results: There were no between-group differences in the severity and duration of NLC, quality of life, or quality of sleep in the 4 weeks lasting study.


http://www.cochrane.org/CD006757/EYES_cataract-surgery-people-age-related-macular-degeneration

Cataract surgery in people with age-related macular degeneration

The aim of this Cochrane Review was to determine whether cataract surgery is safe and improves vision in eyes with age-related macular degeneration (AMD) compared with no surgery. Cochrane researchers collected and analysed all relevant studies to answer this question. (They searched for studies that had been published up to 2 December 2016.)

At this time, it is not possible to draw reliable conclusions from the available data as to whether cataract surgery is beneficial or harmful in people with AMD after 12 months. Although cataract surgery provides short-term (six months) improvement in BCVA in eyes with AMD compared with no surgery, it is unclear whether the timing of surgery has an effect on long-term outcomes.

http://www.cochrane.org/CD006757/EYES_cataract-surgery-people-age-related-macular-degeneration
Efficacy Comparison of Interventions for Myopia Control in children.

A network Meta-Analysis listed and compared selected randomized controlled trials concerning mean annual change in refraction (dioptres/year) as listed below.

- High dose atropine 0.68
- moderate-dose atropine 0.53
- Cyclopentolate 0.33
- Pirenzepine 0.29
- Bifocal spectacle lenses with prisms 0.25
- peripheral defocus modifying contact lenses 0.21
- more outdoor activities (14–15 hrs/wk) 0.14
- progressive addition spectacle lenses 0.14
- peripheral defocus modifying lenses 0.12
- bifocal spectacle lenses 0.09

Possible additive effects of a combination of these interventions haven’t been studied yet.


Postoperative Efficacy, Predictability, Safety, and Visual Quality of Laser Corneal Refractive Surgery: A Network Meta-analysis

This Meta-network-analysis compared all major corneal refractive surgery procedures for correcting myopia. 48 randomized controlled trials were identified, including 4234 patients and 5256 eyes. Corneal stromal ablation procedures (LASIK and FS-LASIK) rank highest in relation to efficacy, predictability, and safety, but surface treatments (PRK, T-PRK, LASEK, and Epi-LASIK) are superior in terms of image quality (ocular aberrations and contrast sensitivity); however, there were no statistically significant differences in the safety, efficacy or visual quality. Refractive corneal lenticule extraction surgery (Smile, FLEx) has an above-average ranking in most of the outcomes, but more trials are required analysing this technique.

A key finding in this paper is the confirmation that all the refractive procedures examined in this analysis have a high level of efficacy, predictability, and safety, at least in the short term.

If you answer the questions correctly, you’ll get a discount on the next congress. The first sender answering all questions correctly will get a free ticket for all three days. Any and all lecturers and members of the foundation council are excluded from participation.

1. What is correct for Fuchs uveitis?
   a) Vitritis in 32%
   b) Vitritis in 48%
   c) Vitritis in 79%
   d) Vitritis in 97%
   e) There is no vitritis in case of Fuchs

2. Fuchs again: How many cases show evidence of heterochromia?
   a) 81%
   b) 69%
   c) 43%
   d) 22%
   e) Heterochromia is typical of Posner-Schlossmann

3. Which statement does NOT apply to rickettsiosis?
   a) Will often result in external chorioretinopathy.
   b) Treatment typically consists of administering 200mg doxycycline daily for 1-2 weeks.
   c) In serious cases, cortisone is added systemically.
   d) The lesions often heal without leaving scars.
   e) In most cases, vision will recover completely.

4. Which criterion applies exclusively to cosmetic contact lenses (painted lenses)?
   a) Less bacterial adherence on the surface due to the paint.
   b) It makes no difference if the users of cosmetic lenses are used to wearing contact lenses in general.
   c) They can be used for several days or nights.
   d) Their surface is rougher, therefore bacterial adherence will be higher.
   e) Peroxide cleaning solutions are recommended.

5. Which diagnostic test is not routinely used any more for detecting dry eye disease:
   a) Lissamine green
   b) Rose bengal
   c) Fluorescein
   d) TBUT
   e) Winking frequency

6. How high is the chance of survival of a transplant in case of perforating keratoplasty after 9 years?
   a) 92%
   b) 88%
   c) 61%
   d) 51%
   e) 43%

7. The following treatment has proven successful to cure deep corneal neovascularization:
   a) Very highly dosed steroids, local and p.o.
   b) Deep limbal transplantation
   c) Anti-VEGF therapy
   d) Local focal laser coagulation
   e) Diathermy

8. Which statement about botulin toxin is correct?
   a) Highly toxic, 4ng/kg are fatal
   b) Derives from Fusarium botulinum
   c) The treatment of wrinkles at an early stage is effective for approx. 2 years.
   d) For the use on patients a special certificate of proficiency is required.

Please send your answers to newsletter@saoo.ch. Answers submitted without giving sender details will not be counted, not even if the e-mail address is known. The entry deadline is 14 days after dispatch of the newsletter.
9. Assign the 4 corneal infections depicted below with the respective germs:
Fusarium, HSV 1, acanthamoebae, pseudomonas

a)  

b)  

c)  

d)  

10. What does NOT apply to nectrotising fasciitis?
   a) It proceeds fulminantly, and a late diagnosis may imply death or at least the loss of one or both eyes.
   b) It is diagnosed primarily clinically.
   c) It is frequently induced by group A streptococci.
   d) Treatment is always primarily conservative (highly dosed penicillin).
   e) The histology will show a polymorphonuclear infiltration of the fascias.

11. Which eye is the Asian eye, which the European eye?
12. The most frequent sign of a retinoblastoma is:
   a) Reduced vision
   b) Mydriasis
   c) Leukocoria
   d) Strabismus
   e) Painful redness

13. For the post-operative treatment scheme after strabismus surgery, the following is true:
   a) Occlusion is indispensable in case of post-operative exotropia.
   b) Leaving open in case of esotropia
   c) Prisms should be rebuilt in case of exotropia.
   d) In case of abnormal retinal correspondence, amblyopia therapy should be continued.
   e) In case of esotropia, hyperopia correction should be reduced.

14. Compared to perforating keratoplasty, all of the following aspects apply to DSAEK except one:
   a) Unchanged astigmatism
   b) Lower rate of rejection
   c) Faster rehabilitation
   d) Needs a keratoma
   e) Little cell loss (below 20%)

15. Which statement regarding tamponade surgery is WRONG?
   a) The first air injection was already performed back in 1911.
   b) The first vitrectomy dates back to the year 1960.
   c) Perfluorocarbons were introduced in 1982.
   d) The use of oligomers was first described in 2001.
   e) Trocar-guided vitrectomy has been practised since 2004.

16. The following statements apply to laser trabeculoplasty, except for one. Which is it?
   a) Comparative studies have not revealed any significant difference between ALT and SLT.
   b) Compared to a beta-blocker treatment, the first ALT shows a success rate of 75%.
   c) After 10 years, 50% need a second ALT.
   d) Applied as an attempt if maximum possible drug therapy has failed, SLT is effective only in 40% of the patients (>20% IOP reduction) after 2 years.
   e) A comparison between SLT and latanoprost shows almost the same effect (26% pressure reduction in case of SLT, 27% in case of latanoprost).

17. Which statement is correct?
   a) AZOOR is a rare retinopathy, first described in young women in 1992, which responds immediately to highly dosed steroids.
   b) In case of neuro-ophthalmological diseases, a lumbar puncture should always be performed before an MRI.
   c) The swinging flashlight test is pathognomonic for an oculomotor nerve palsy.
   d) Every year, more than 30,000 patients have accidents followed by a traumatic brain injury.
   e) Ocular vertigo is very specific and can never be caused by varifocal lenses.
2nd SAoO Congress from 28.2. to 2.3. 2018:

The programme committee has met with the extended board, and together they have developed a great programme.

The presentation of a country is a fixture every year. In 2018 it will be Italy. Prof. Piovella, the president of the Italian Ophthalmological Society, has already promised to come. On Thursday, we will have a special lecture with the distinguished lecturer Prof. Michael Bach, PhD of the University of Freiburg DE. Moreover, we’ll extend the break times and organize lunch seminars instead to be able to maintain our high score.

Wait and see which excellent Swiss ophthalmologist we’re going to present with which special effects in 2018! And of course, there will be a refresher for each subspeciality!

So, make sure to save the date! After the summer holidays the registration forms will be available on the website.