Lymphangiomas or venolymphatic malformations (VLM) are benign vascular hamartomatous tumors that may affect the orbits, eyelids, or conjunctiva. Conjunctival VLM represents the superficial component of lymphangioma and commonly presents with an associated orbital or palpebral component. These lesions could be solitary or multifocal. Conjunctival VLM’s like other malformations are congenital, although they may remain occult for many years and only show up later in life. Patterns of conjunctival involvement include a discrete conjunctival mass, egg-like vesicles on the conjunctiva, recurrent lymphangiectasia with bleed or recurrent subconjunctival haemorrhages. Differential diagnoses include venous malformation, arteriovenous malformation, lymphangiectasia, pyogenic granuloma, capillary or cavernous hemangioma of the conjunctiva and glomus hemangioma.

Cover image contributor:
Tarjani Dave
Consultant, Ophthalmic Plastic Surgery Service,
LV Prasad Eye Institute, Hyderabad, INDIA

Do you have an interesting image that tells a story and can feature on the cover of iPlastics? Send it in with a 100 word description to akshay@drakshaynair.com
"The practice of science happens at the border between the known and the unknown. Standing on the shoulders of giants, we peer into the darkness with eyes opened not in fear, but in wonder”

It is a matter of great privilege and honour for me to shoulder the responsibility of editor-in-chief of iPlastics, the official newsletter of the Asia-Pacific Society of Ophthalmic Plastic and Reconstructive surgery (AP-SOPRS). This is a position which has been served in the past by stalwarts before me - and I thank them for their wonderful service to our society.

One of the first questions I asked myself is ‘What is my vision for this newsletter?’. I believe a newsletter like iPlastics serves many purposes:

1. Keeping our readers and members abreast of the latest in our subspecialty.
2. Providing snippets about recent pathbreaking papers in ophthalmic plastic literature.
3. Providing online resources which can help trainees and fellows in learning and understanding different aspects of surgery.
4. Providing a one-stop guide to upcoming meetings in oculoplastic surgery.
5. Providing a platform for our younger members and members in training to contribute to medical literature in any way they can.

One of the most important changes that has happened in the past two years is COVID-19. From the clinics, to the labs; from waiting rooms to the operating theatres - COVID-19 has changed the way we practice medicine. In the upcoming issues of iPlastics, this will be one of the aspects of medicine that we will be addressing.

The current issue contains an introduction to our new governing council, a message from our President, Dr. Li Dong-Mei as well as a peek into the history of our society’s origins with an extremely interesting throwback penned by our founder-president Professor Javate.

Over the course of the next couple of years, I seek the support of all our members in contributing, compiling and curating relevant, accurate and useful information that can be a part of this newsletter. If our members wish to contribute by way of state-of-the-art review articles, interesting case reports, photo essays, cover images, please do send them in at akshay@drakshanair.com. Other suggestions, contributions or comments are always welcome too!

Dr. Akshay G. Nair
Editor,
iPlastics
# Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>EDITORIAL .................................................................</td>
</tr>
<tr>
<td>05</td>
<td>PRESIDENT’S MESSAGE ....................................................</td>
</tr>
<tr>
<td>07</td>
<td>A UNIQUE PRESIDENCY .....................................................</td>
</tr>
<tr>
<td>09</td>
<td>A LOOK BACK WITH FRESH EYES AT APSOPRS’ HISTORY ..........</td>
</tr>
<tr>
<td>12</td>
<td>COVID ASSOCIATED MUCORMYCOSIS (CAM):</td>
</tr>
<tr>
<td></td>
<td>AN EPIDEMIC WITHIN A PANDEMIC .......................................</td>
</tr>
<tr>
<td>18</td>
<td>UPCOMING CONFERENCES ..................................................</td>
</tr>
<tr>
<td>20</td>
<td>ONLINE OCULOPLASTICS LEARNING RESOURCES ........................</td>
</tr>
</tbody>
</table>
Dear APSOPRS colleagues,
Greetings to all of you!

It has been almost half a year since I took over the presidency of the Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS). It is a true honor to devote myself to APSOPRS and work beside you. Founded by Prof. Reynaldo Javate in 2000, the APSOPRS has experienced tremendous growth over the past 20 years. Now its membership exceeds 200 in almost 20 countries and keeps expanding. In the past two decades, our society has been involved in numerous events both locally and globally. We actively collaborated with internationally influential organizations like American Academy of Ophthalmology (AAO), Asia Pacific Academy of Ophthalmology (APAO), European Society of Ophthalmology (SOE), American Society of Ophthalmic Plastic and Reconstructive surgery (ASOPRS), and European Society of Ophthalmic Plastic and Reconstructive surgery (ESOPRS), which helped us gained international recognition and reputation.

Over the past year, the world was struck by the COVID-19 pandemic, and APSOPRS is no exception. The previously planned APSOPRS Manila meeting was called off, and many face-to-face academic activities have been canceled or postponed for social distancing. However, in the middle of every difficulty lies opportunity. Online programs were adopted during the unprecedented and ever-changing pandemic. Several virtual events have been successfully organized in the past few months. In the APSOPRS-APITEDS joint virtual conference held this January, world-renowned experts gathered in the cloud and shared cutting-edge knowledge of oculoplastic surgeries, which drew a peak concurrent audience of more than 12,000 viewers globally. Then the quarterly APSOPRS webinar series was launched, aiming at all levels of oculoplastic surgeons. As the first webinar in this series, joint APSOPRS-KSOPRS case discussions offered an arena for passionate young doctors. Experts around the Asia Pacific region further expanded the knowledge base on the real instructive cases. APSOPRS also actively engaged in cooperation with other societies. This March, the 4th Challenging Oculofacial Cases Webinar on Esthetic Oculo-
facial Rejuvenation was successfully co-held by APSOPRS and ASOPRS. The upcoming Thyroid Eye Disease (TED) Symposium is also very anticipated. Leading experts will provide penetrating insight into TED, one of the hot button issues in oculoplastic surgery. In the future, APSOPRS will allocate more resources to the following programs. First, the YAPSOPRS committee will be inaugurated. The young generation who are eager to realize career aspirations will have a broader development platform. I believe that YAPSOPRS will attract more fresh blood to our society and further develop it. Second, the fellowship training programs will be recovered when the time comes. The face-to-face fellowship training programs have been postponed for over one year. But thanks to the vaccine, we see glimmers of hope of recovering them. More fellowship training centers will be accredited in order to provide broader educational opportunities. Besides that, online education, one of the megatrends in the changing circumstance, will be incorporated into our training programs. Online lectures and grand rounds will become new normals for accessibility and efficiency. Third, we will further define the division of roles in the scientific committee. Each committee member will be responsible for the communication with one specific partner society for the long-run collaboration.

We are now in a difficult chapter of human history, and I would like to express my sincere thanks to all of you for your support and confidence. With our coordinated and collective efforts, we will turn challenges into opportunities and further improve APSOPRS.

Warmest Regards,

Dongmei Li, MD
President of APSOPRS
Professor, Doctorial Supervisor of Department of Ophthalmology
Chief of Division of Oculoplastic and Reconstructive Surgery
Beijing TongRen Eye Center, Capital Medical University
It is still fresh in my mind to be elected as incoming president of the society during the 2016 society congress in Osaka, Japan. I have been a member since the society's inception and to become president is something that I had not planned. I had so many ideas for my term (2019–2020), and had at least a couple of years to organize my team. Thanks to my loyal Philippine Society of Ophthalmic Plastic and Reconstructive Surgery (PSOPRS) team, we prepared for my presidency with a breeze.

The plan was to travel to as many Asian countries, visit the local oculoplastic societies, and build camaraderie and communication with their members. Another task was visiting our sister societies (ASOPRS and ESOPRS) during their annual meetings, meeting with their officers and members, and building a deeper relationship. Lastly, the most significant endeavor was to organize the 20th-anniversary meeting in Manila by the end of 2020. This meeting was supposed to culminate my presidency and transfer the helm to incoming president Dongmei Li of China.

The subsequent two visits were the most memorable ones as president of our society. First was an invitation to be a plenary speaker for the annual meeting of ESOPRS in Hamburg, Germany. The two-day conference was a blast, and we had the best entertainment, plus the German food and beer were fabulous! After I visited Hamburg, I went to the quaint town of Heidelberg in Southern Germany. The reason for this is more of a personal one. This town was where Dr. Jose Rizal trained in ophthalmology under Professor Otto Becker in 1886. The building where Becker’s clinic was situated is still standing, including Jose Rizal’s apartment (a bookstore now). Dr. Rizal was the national hero who died for Philippine independence in 1896. He was also the first ophthalmologist who practiced in the Philippines and was regard-
ed as one of the most prominent ophthalmologists in the Asia-Pacific region. Thus, we have the annual Jose Rizal award during our APAO congresses. Next to my ESOPRS visit was an invitation to speak during the ASOPRS meeting in San Francisco. My talk was about the history of APSOPRS, which was in conjunction with their 50th-anniversary meeting of ASOPRS. I was able to share the humble beginnings of our society and the achievements we attained in the past 20 years of our existence. To tap it all, together with some of our APSOPRS members in attendance, we were able to join an unforgettable black-tie event with ASOPRS on their 50th-anniversary gala-night.

The rest of 2019 was spent traveling to Asian countries like Hyderabad (India), Siam Reap (Cambodia), Vihn (Vietnam), Xian (China), and Bangkok (Thailand). These aimed to connect with countries with existing societies and communicate to oculoplastic surgeons in countries that do not yet have any form of society.

Everything came to a halt in 2020 due to the COVID-19 pandemic! My last face-to-face meeting was in Kuala Lumpur, Malaysia, in March 2020 for the inaugural meeting of the Malaysian Oculoplastic Interest Group (MOIG). We have been trying to form an oculoplastic society in Malaysia since I was a vice president. Finally, we were able to muster a good number of oculoplastic surgeons and create an interest group. Though small for now, I am pretty confident that our Malaysian colleagues will soon have a formal society of their own. Congratulations to MOIG for a job well done!

After Malaysia, the pandemic wreaked havoc internationally and stopped all forms of face-to-face meetings. Two notable members in Ganga Sundar (SSOPRS) and Farzad Pakdel (Iran) had the fantastic idea of organizing the first APSOPRS Webinar in April 2020. With its initial success, three more official APSOPRS webinars were organized by Audrey Looi (Singapore Society of Ophthalmic Plastic and Reconstructive Surgery – SSOPRS) and Rohit Saiju (Nepal Society of Oculoplastic Surgery - NESOS). Thanks to our dedicated executive committee members, we were able to organize these virtual sessions successfully!

Lastly, we canceled the Manila 20th anniversary APSOPRS meeting due to the continuing COVID-19 pandemic. Fortunately, incoming president Dongmei Li took the cudgels of organizing a huge virtual 2-day conference together with the Asia International Thyroid Eye Disease Society (AITEDS). With the help of AITEDS president Seah Lay Leng, we were able to successfully organize the 20th-anniversary virtual meeting entitled “Oculoplastic Surgery in the Asia-Pacific – Form, Function, and Finesse.” Almost 15,000 viewers were registered in this webinar, and from what I know, it is the most attended virtual meeting in oculoplastics! Finally, my unique term ended after this, and I could finally relax and enjoy the rest of the year with my family and friends. It was an honor to serve the society for two years, and with everything now in place, I am confident that the current and future presidents will steer this organization to greater heights. Go APSOPRS!
A Look Back with Fresh Eyes at APSOPRS’ History

Prof. Reynaldo M. Javate

My journey as the Founding President of the Asia-Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS) has been nothing short of wonderful. About the same time 30 years ago, I had already finished my fellowship at the Manhattan Eye, Ear and Throat Hospital in the United States. Consequently, I was on my way to becoming a member of the American Society of Ophthalmic Plastic and Reconstructive Surgery and began training with my former mentor and dear friend, the late Dr. Albert Hornblass, whom APSOPRS owes its beginnings to.

It was from him that I learned more than just the ropes, techniques and skills that were necessary to being a surgeon. Fortunate to be placed under his wing, he taught me more than what I needed to learn by giving me practical advice and inspired me to establish an organization of passionate practitioners, the Asia-Pacific Society of Ophthalmic Plastic and Reconstructive Surgery.

My experiences as a member of the American Society of Ophthalmic Plastic and Reconstructive Surgery allowed me to see this as a benchmark and envision the same practice among neighboring countries in Asia.

Immediately after my training and becoming an official member, I flew back home to the Philippines to start working on this idea. After two years of immense planning, organizing, and communicating with oculoplastic surgeons all over the Asia-Pacific, APSOPRS was finally born. The society, being the first and only organization of its kind in the Asia-Pacific, was founded in the year 2000 with the following objectives:

1. To unify the Asia-Pacific Ophthalmic Plastic and Reconstructive Surgeons and Societies into a cohesive and productive organization.

2. To regularly organize and sponsor World Class Congresses and Live Surgery Workshops which will serve as venues for the common desire to advance our knowledge and practice of ophthalmic plastic and reconstructive surgery.

3. To promote joint sponsorship of various projects among various societies.

4. To conduct studies on Oculoplastic conditions peculiar and more commonly found in Asia Pacific region.

5. To promote cordial relationship and camaraderie among its members.
The initiative to establish the APSOPRS arose from our desire to assume a more active role in the global search for medical progress. Ophthalmic plastic and reconstructive surgeons organized as one body converged with an aim to advance knowledge in the field through meaningful communication and understanding among neighbouring countries of Asia, Australasia and Oceania. We believe that APSOPRS can provide us with the much needed forum where 1) we learn from our counterparts in Europe, Africa, and the Americas, and 2) share with them our unique contribution to the advancement of ophthalmic plastic and reconstructive surgery. The pursuit of knowledge is not merely an individual’s task. Rather, it is a participative endeavor that works as a network of collaborative ventures towards self-sufficiency, creativity, and progress.

In November 26, 2000, the first inaugural scientific meeting of the APSOPRS was held at the Edsa Shangri-La Hotel in Manila, Philippines. This landmark event was attended by participants from 12 countries, which include the Philippines, Australia, Hawaii, India, Japan, Singapore, Indonesia, Korea, Malaysia, Pakistan, Bangladesh, Taiwan, and Korea. Notable speakers such as the likes of Albert Hornblass, Stephen Bosniak, Juan Murube, Dwight Kulwin, Branson Call, Jemshed Khan, and Marian Zilkha came to present the newest information on their chosen area of expertise.

Well-known practitioners, fellow ophthalmologists, and academicians also shared recent innovations, new insights on oculoplasty and potential inventions at the three-day conference. The organizational meeting was an ideal venue for its founding members to interact with one another and collectively chart the direction of the society.

Although the concept of organizing oculoplastic surgeons in the Asia-Pacific Region was a longtime dream, it has become a pulsating reality which all of us claim as our own. In the future, we hope that this society will be the forum for our leaders and members in oculoplastics to take a more active role in the worldwide effort to advance our specialty. Through this organization, I cherish the hope that the unique voice of the medical practitioner in the Asia-Pacific can be given a voice and due understanding. Just as our European and American counterparts have taken the initiatives to form their respective organizations, we in the Asia-Pacific are also active partners, dynamic contributors and innovators in the global search for medical progress. This organization is not just my brainchild; it is ours. May God Almighty continue to bring to successful completion what we have all begun together.
Founding Members and Advisory Board of the APSOPRS:


2nd Row L-R: Jones Pelayo MD, Danilo Guanzon Jr. MD, Roseny Mae Singson MD, Ma. Donna Santiago MD, Frances Catherine Marie Fermin MD, Heidi Remulla MD, Fatima Regala MD, Margaret Syjuco MD, Mary Rose Pe-Yan MD, Shantha Amrith MD, Swee Heng Goh MD, Angeles de Leon MD, Luz P. Acosta MD, Yoon-Duck Kim MD

3rd Row L-R: Alfonso Yu Bengzon MD, Ferdinand Tan MD, Ronald Anthony Medalle MD, Raul Paolo Guanzon MD, Raoul Henson MD, Emmanuel Priela MD, Jacqueline King MD, Mohammed Moin MD, Jae-Wook Yang MD, Rosalyn Zandra Andrisa MD, Kamala D. Lingam MD, Jesus Ong MD, Yahusisa Nakamura MD, Choo Chai Teck MD
Covid Associated Mucormycosis (CAM): An Epidemic within a Pandemic

What has been the impact of COVID-19 on the incidence of Mucormycosis in India?
The commonest form of mucormycosis is rhino-orbital cerebral mucormycosis (ROCM) though other locations like Pulmonary and skin are also known to be involved. Prior to the COVID-19 pandemic the Indian subcontinent contributed 70 times the global average of mucormycosis diagnosed. However, during the COVID-19 pandemic there was a many-fold increase in the number of cases of mucormycosis seen across the country—exponentially more in the second wave than seen in the first. Centres that were seeing a handful of cases over many months earlier were now treating over 100 cases of ROCM in a matter of a month. The single common factor across all these cases of ROCM is that patients were either suffering from or had recently recovered from COVID-19. This consistent association between two infections—one viral and the other fungal was the smoking gun.

What role does COVID-19 play in the pathogenesis of Mucormycosis?
There are multiple complex factors at play here. Firstly, many COVID-19 patients were treated with systemic corticosteroids, especially those with severe disease. Corticosteroids are known to increase the blood sugar level and therefore make these patients susceptible to opportunistic infections such as mucormycosis. Additionally, many of these patients in India were unaware of their diabetic status. This combined with, what appears to be in many cases, self-medication and rampant unwarranted steroid usage also contributed to the increase in susceptibility to fungal invasive diseases. Furthermore, there is now growing evidence to suggest that COVID-19 could also play a role in making patients diabetic. Recent studies emerging from various parts of the world have shown that patients who were known to be non-diabetic have gone on to develop diabetes following recovery from COVID-19 infection and some in this subset then went on to present with ROCM.

What is different about COVID-19 associated mucormycosis (CAM) compared to the mucormycosis seen before the COVID 19 pandemic?
COVID-19 Associated Mucormycosis (CAM) has been a different beast. Essentially the offending organisms are the same; however, the underlying immunity level and the immunological response or factors leading up to the infection have differed in ROCM patients who have recovered from COVID-19. Previously, ROCM who is seen largely

Author
Dr. Raghuraj Hegde
Consultant- Orbit, Ophthalmic Plastic Surgery & Ophthalmic Oncology, Department of Ophthalmology, Manipal Hospitals, Bangalore.
in poorly controlled diabetics, patients on long-term immunosuppressants following organ transplant, HIV patients and severely immunocompromised patients such as those receiving chemotherapy. In COVID-19 associated mucormycosis, most patients have no other co-morbid immunosuppressive condition apart from diabetes, which in many cases was recently diagnosed.

Another area of interest is the upper respiratory tract: the target cell in the respiratory system for the COVID-19 virus is the ciliated epithelium, which is one of the important barriers against invasive fungal disease. Following COVID-19 infection, reports suggest that the virus induces loss of cilia in these cells, therefore creating an environment where the fungal organisms can invade into the nose and sinuses without much resistance. To make matters worse, the underlying elevated blood sugar levels ensures a poor immune response. Therefore, there is a complex interplay of diabetes, local immunity and possibly other factors that we perhaps do not know much about yet and many studies are currently in progress to chalk out the risk factors and pathogenesis. Due to the deluge of cases being treated across India, this gives us the opportunity to observe the natural history and also helps in validating treatment protocols for Mucormycosis. This has been the only silver lining of this terribly morbid disease.

**Does management of Mucormycosis require the expertise of multiple specialties?**

Mucormycosis management can be extremely challenging and is never a “one specialist job”. Prior to deciding the ideal treatment plan it is extremely important to understand that it is a multidisciplinary team that treats mucormycosis. Within a short span of time we have developed a “Mucormycosis Unit” at our hospital. The surgical team comprises of ENT surgeons, Oculoplastic surgeons, Cranio-maxillofacial Surgeons, Neurosurgeons and Critical Care Intensivists. Medical management is handled by Infectious disease specialists, Endocrinologists, Nephrologists among other medical sub-specialists when needed; The cornerstone of Mucormycosis management is the accurate diagnosis which enables timely clinical decision making and these are helmed by Radiologists, Microbiologists and Pathologists.

**What are the treatment options available for these patients?**

A thorough clinical evaluation is extremely important to understand the extent of the disease. This involves a thorough nasal endoscopic examination and the correct radiological investigation which in this case would be magnetic resonance imaging (MRI) with gadolinium contrast. Once the disease is confirmed with the help of a nasal mucosal biopsy the treatment strategy is three-pronged:

1. Aggressive endoscopic debridement of the nose and sinuses
2. Maximal medical therapy – anti fungal drugs, namely Amphotericin B and Posaconazole
3. Control of the immunosuppressive condition – in this case, usually – diabetes mellitus.

The oculoplastic surgeon comes into the picture only with the disease has invaded the orbit. The three primary treatment options that are available to treat the disease in the orbit:

1. Transcutaneous Retrobulbar Amphotericin B Injection (TRAMB)
2. Exploratory Orbitotomy with Orbital debridement and local Amphotericin B instillation
3. Orbital Exenteration- Lid Sparring and Non-lid sparring.

**What is your experience with retrobulbar amphotericin B injection?**

Trans-cutaneous Retro-bulbar Amphotericin B (TRAMB) has been a very useful adjunctive treatment modality for orbital involvement in ROCM. We would however like to add a caveat regarding the indications for TRAMB. These cases are best selected on the basis of radiological findings – mainly...
on MRI. Contrast enhancement seen in the extraocular muscles adjacent to the involved sinuses or diffuse contrast enhancement seen within the orbit or at the orbital apex are indications for TRAMB. Whenever there is loss of contrast enhancement over a large area in the orbit or at the apex – we have seen that these cases are not good candidates for orbital injections of amphotericin B and respond poorly to TRAMB, eventually requiring orbital exenteration. We have been able to salvage cases where earlier we probably would have performed orbital exenteration. Recent reports have suggested that this treatment algorithm is extremely effective in reducing the need for orbital exenteration. Another important point that needs to be kept in mind is that following TRAMB, there is some amount of orbital inflammation and therefore this should not be confused with persistent or recurrent disease. This inflammation is typically self-resolving, and a repeat imaging should be performed about two weeks after the last orbital injection in order to assess the response.

TRAMB doesn’t work in isolation. TRAMB works best in early orbital involvement when there has been a primarily good surgical sinus disease clearance through Functional Endoscopic Sinus Surgery (FESS) by the ENT team, correction of metabolic factors such as blood sugars and serum electrolytes along with continuing systemic anti-fungals.
Exploratory orbitotomy with debridement of necrosed tissues can be done along with FESS by the ENT team or as an isolated procedure after full evaluation. Once the orbital planes are dissected, the devitalised tissues are identified and debrided. The end point of the debridement is the appearance of bleeding tissues—muscle, fat and bone.

What are the indications of Orbital Exenteration in the treatment of Mucormycosis? Is the surgical procedure different compared to those required for other diseases?

Orbital exenteration is a destructive surgery that has specific indications. Typically reserved for orbital malignancies or intraocular tumours with orbital extension; Orbital exenteration is also performed for severe orbital mucormycosis. The aim of the surgery in these cases is to remove all the devitalised necrotic material and reduce the disease load. Additionally, an exenteration, by way of clearing out the organisms from the orbit, prevents further progression of the disease into the intracranial compartment. Mucormycosis is angioinvasive disease—where it invades the blood vessels, causes occlusion and subsequent areas of necrosis. Therefore, the surgical field is typically bloodless—especially during the steps of periosteum elevation and reflection and cutting the tissue at the orbital apex. Other blood vessels that are typically encountered like the...
supra-orbital, supratrochlear, zygomatico-facial, zygomatico-temporal and infraorbital blood vessels are also found to be necrosed or sclerosed. Furthermore, in many cases the disease leads to erosion and breakdown of the orbital walls; most commonly the medial orbital wall – which is visualised intraoperatively. Overall, in comparison, orbital exenteration for mucormycosis takes lesser surgical time as compared to exenteration for other indications. Post-operatively though, complications such as gaping of the wound in cases where eyelid sparing exenteration has been done or flap necrosis following surgery are also common. This is because of the compromised blood circulation to the overlying eyelid skin which is commonly encountered in mucormycosis. Post-operative care also differs: in ROCM, care of the socket to prevent recurrence by way of performing amphotericin B douches, placing betadine-soaked gauze packs and periodic examination of the nasal cavity and the orbital cavity are extremely important. It might sometimes be necessary to combine orbital exenteration with other procedures to maximise debridement and reduce fungal load in the patient as in this case below where FESS was done initially but later progressed to Facial abscess as an entension of maxillary sinus disease and extensive orbital cellulitis. This required orbital exenteration and maxillectomy to be performed together by the two teams.
Is there any other learnings to be gleaned from your experience of treating CAM in the last few months?

We are observing complications occurring during and after treatment of mucormycosis which cannot be directly attributed to the fungal disease – Cardiovascular events like cardiac arrests, pulmonary embolism, strokes, Secondary bacterial infections in the face and other parts of the body including reactivation of dormant pulmonary Tuberculosis and unexplained inflammatory episodes.

Any Final Comments?

With the downward trend of the COVID-19 infections, the cases of Mucormycosis has dropped off the cliff now. We haven’t seen a single new case of Mucormycosis in the last one month which is a good sign. But if and when we have the next wave of COVID-19, we should keep the lessons that we’ve learnt treating this very challenging disease.
Upcoming Conferences :

39th Annual Meeting of the European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS)

The European Society of Ophthalmic Plastic and Reconstructive Surgery (ESOPRS) has decided to postpone its anticipated Annual Meeting in September 2021 to 2023 due to the COVID-19 pandemic. The next physical meeting is scheduled for 2022 in Nice, followed by Naples in 2023. This year’s meeting will be a 100% virtual meeting.

**Mode:** Virtual  
**When:** 18, 19 September 2021  
**Contact:** Eva Dafgård Kopp, meeting@esoprs.eu

## EUROPEAN SOCIETY OF OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY

39th ESOPRS annual meeting  
online Sept 17-18, 2021  
2021.esoprs.eu

Fall Meeting of American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS)

ASOPRS 2021 Fall Meeting registration will open in early September 2021. The ASOPRS 2021 Fall Scientific Symposium is a hybrid meeting, with in person and virtual attendance options. The meeting will require masks and proof of COVID-19 vaccination and all spaces will be set for 6-foot distancing. In person attendance in New Orleans is limited and will be made available to speakers and other in person participants first. Virtual meeting registration and (if space allows) in person registration will become available the second week of September.

**Mode:** Hybrid: Virtual + In-Person  
**When:** 11, 12 November 2021  
**Where:** New Orleans, Louisiana, USA  
**Location:** Hyatt Regency, New Orleans  
**Contact:** info@asoprs.org
Annual Conference of the Oculoplastics Association of India (OPAI)

After a break of a year, owing to the COVID-19 Pandemic, the Oculoplastics Association of India (OPAI) is delighted to announce the annual conference of the society. This promises to be an exciting scientific meeting with high quality content.

Mode: Virtual
When: 8, 9, 10 October 2021
Secretariat: Chandigarh, India
Contact: Dr Usha Singh, opaichd2021@gmail.com

31st Annual Conference of Oculoplastics Association of India

Dates: 8th, 9th & 10th October 2021

Organised by
Advanced Eye Centre
PGIMER, Chandigarh

Conference Secretariat:
Room No. 116, Advanced Eye Centre,
Post Graduate Institute of Medical Education & Research
Chandigarh, India - 160012, Phone No. 0172-2756111

Web: www.chdopaic2021.com
Email: opaichd2021@gmail.com
Under the aegis of Eye Research Foundation

Prof. Usha Singh
Organizing Secretary, OPAI 2021

To register, please visit the website:
www.chdopaic2021.com
Richard Caesar, UK
www.oculoplastics.info

Oculoplastics.info is a well catalogued website with over 40 free video tutorials in simple and complex oculoplastic surgeries. The surgeries are all performed and edited by Mr Richard Caesar. Ric, as he is known as, is a consultant at Gloucestershire Hospitals NHS Foundation Trust. Apart from being catalogued on the website, the videos are also available on their dedicated channels on YouTube and Vimeo. An excellent starting point for the trainee oculoplastic surgeon, this website has an extensive cache of aesthetic surgeries and procedures such as Botulinum toxin injections and cheek fillers; upper and lower lid blepharoplasty and festoon excision surgeries.

Online Video Tutorials in Oculoplastic Surgery

Welcome to Oculoplastics.info.

This site has aimed to provide surgical trainees with free access to a comprehensive video atlas of oculoplastic surgical techniques and tutorials since 2009. The original site featured flash video but as iPads and iPhones and the mobile internet have become more and more prevalent the site has now been updated to feature a fully responsive design with HTML 5 videos.
Richard C Allen, USA
https://webeye.ophth.uiowa.edu/eyeforum/video/plastics/index.htm

The University of Iowa hosts one of the most comprehensive and exhaustive libraries of oculoplastic surgeries. This library not only has simple and complex surgical procedures but also in-depth videos on examination techniques. This includes ‘measurement of proptosis using a Hertel exophthalmometer’, ‘Examination of the lacrimal system’, and ‘Pupillary evaluation’. The focus on holistic overall ophthalmic education is evident with seemingly trivial yet important tasks such as ‘How to place an eye patch’ also being covered with dedicated videos. One of the most important parts of these videos are the in-depth commentary by Dr Allen that accompanies every surgical step. This virtual atlas covers every aspect of nearly all commonly performed oculoplastic surgeries; for example, there are eighteen different videos on the various techniques and variations of brow ptosis surgeries. The surgical videos are clear, well illuminated and focussed. This, along with the crisp editing makes this website an extremely useful online resource for trainees and practising oculoplastic surgeons alike. Most surgical videos are also available on Dr Allen’s YouTube channel.
Dr Garry Davis, Australia
https://oculoplastic.eyesurgeryvideos.net/

The three main architects of this website share a passion for teaching and in particular the use of video for surgical training. The result is this website, which is a virtual video atlas of surgical procedures. Of particular interest is the segment on lacrimal surgery – which included multiple videos on different techniques of endoscopic DCR surgery, revision DCRs, other complications, anatomy and punctal and canalicular procedures as well. There are many videos here which are otherwise difficult to find online such as endoscopic orbital decompression, optic canal decompression and sinus surgery. Most videos have simultaneous commentary which is very useful for the viewer. There is an additional segment on upcoming training courses which visitors may find useful.