Dear friends,

As we approach the biennial meeting of the APSORPS, there is a growing sense of excitement. We have a very stimulating scientific programme that includes live surgery, 6 hands on workshops, 6 plenary lectures by some of the best Oculoplastic surgeons in the world, 19 stimulating symposia, 2 interactive sessions and panel discussions, 85 free papers, 25 videos, scientific posters and a photographic exhibition. The meeting hosts a session by the American Society of Ophthalmic Plastic and Reconstructive Surgery, a session by Chinese Oculoplastic Society and another one by the Asia Pacific Society of Ocular Oncology and Pathology. The meeting has a faculty of one hundred and thirty distinguished surgeons, over 40 of them from 16 countries all over the globe. Amongst the faculty are plastic surgeons, Otorhinolaryngologists, immunologists, neurosurgeons, radiologists and dermatologists which make the programme truly multidimensional. We have made sure that the program has a lot to offer for everyone, the beginner and the specialist.

The meeting promises an exciting social programme. We have an excursion to Taj Mahal, a cultural evening which showcases the best of Indian culture and history and a gala dinner to let your hair down and meet Oculoplastic Surgeons from all over the world. You could also choose from a variety of options for sightseeing in
and around the historic and vibrant capital city of Delhi where the old city of Delhi with its narrow alleys, culinary delights and unique culture coexists with the Modern and vibrant Lutyens New Delhi.

As I approach the end of my term, I can look back with a great sense of satisfaction at the term. It has been an eventful period with the APSORPS becoming an affiliated society with the ICO and APAO and a reciprocal society to the ASOPRS. We have affiliated a large number of National Oculoplastic Societies and have been instrumental in formation of new National Oculoplastic Societies in many countries.

We are regular invitees to the scientific programs of the WOC, AAO and APAO. We now have a regular newsletter to carry scientific information and messages to all the members. Needless to say that this would not have been possible without the strength provided by the efforts of all past presidents and the active participation of the entire executive who have worked tirelessly to take the organization forward. I would take this opportunity to convey my gratitude to them.

I am confident that the activities of the society have contributed to kindling of a flame that will carry the specialty ahead in the region to provide much needed quality services and specialty education for half of the population of the globe residing in this part of the world.

See you all in Delhi soon. I am sure the meeting will give you a lot to cherish and treasure.

Warm regards,

Dr. Ashok Kumar Grover
President, APSOPRS

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**Editorial Note**

Dear Friends and Colleagues,

APSOPRS has been very fortunate to have Prof Ashok Grover as our President for the last 2 years. During his term, he has helped our society establish links with international renowned ophthalmology organizations including APAO and AAO. Indeed, with him at our helm, we are now a more widely recognized group with members who take the trouble to share our expertise and knowledge with one another through our meetings and also through this newsletter.

As we head towards our biennial meeting in New Delhi, representing the Executive Committee of APSOPRS, I would like to take this opportunity to thank Prof Grover for his tremendous energy and efforts made in promoting our society and for his sterling leadership these past two years. We also look forward to a new Executive Committee that will be elected at this year’s AGM. Our new President will certainly have a tough act to follow!

See you all in Delhi!

Sincerely,

Dr Audrey Looi
Editor
Vice-President, APSOPRS
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**Case Highlights**

**RAPID RECURRENT MUCOEPIDERMOID CARCINOMA WITH ORBITAL INVASION**

Dr Jung Su Kyung, Dr Paik Ji Sun, Dr Yang Suk-Woo  
Seoul St. Mary’s Hospital  
The Catholic University of Korea, Seoul, Korea

**History**  
A 54-year-old female was referred with swelling of the left upper eyelid for two months (Fig 1a). The patient’s past medical history was unremarkable, and findings of a thyroid function test were nonspecific.

**Examination**  
The ophthalmic examination was also unremarkable, except for the upper eyelid swelling without a palpable mass. In radiologic evaluation, computed tomography (CT) examination detected an enlarged left lacrimal gland, suggesting a benign tumor of the lacrimal gland (Fig 1b). We therefore planned surgical removal of the mass.

The mass was nearly excised completely with anterio-lateral orbitotomy and the patient’s eyelid swelling subsided (Fig 1c, d). The tumor was vascular in appearance with severe adhesions to surrounding tissue (Fig 2a). Histopathologic examination showed cystic spaces lined by epidermoid cells and scattered islands of mucin-secreting cells (Fig 2b). Final diagnosis was a high grade of MEC.

After the surgical wound healed, we planned adjuvant therapy, such as chemo- or radiotherapy. However, 3 months postoperatively, the patient again developed eyelid swelling, with orbital pain, and a rapidly recurrent mass was detected by CT evaluation (Fig 1e, f).

**Management**  
We planned the surgical removal of the mass, and found periosteal infiltration of the tumor from the original location. After removal of the recurrent mass, the patient immediately received concurrent adjuvant chemo-radiotherapy (5-fluorouracil and cisplatin, and 70 Gy to the area involving the left orbit, zygoma, and superior wall of the maxillary sinus); no further recurrence was detected after three postoperative months (Fig 1g, h).

**Discussion**  
Mucoepidermoid carcinoma (MEC) arising in ocular adnexal structures is rare. There have been a few reported cases in conjunctiva, lacrimal sac, and lacrimal gland. Conjunctival and lacrimal sac MEC have been reported to invade the eye or orbit, and enucleation or exenteration may be necessary. However, the definite indications for exenteration for patients with orbital invasion are unclear.

Our case, a MEC which arose in the lacrimal gland, did not show periosteal invasion grossly, however it did show adhesion with surrounding tissue. We had previous experience of performing surgical resection of MEC in the lacrimal gland with concurrent chemoradiotherapy without recurrence. Therefore we performed as complete a surgical resection as possible, rather than exenteration, and planned to add adjuvant chemotherapy and radiotherapy after the surgical wound was healed. However, the tumor recurred rapidly after surgical resection and we had to operate again 3 months after the initial surgery. This is thought to be due to high-grade MEC, which is characterised by rapid mitosis or by anaplastic appearance.

Our case report highlights the possibility of performing globe-sparing surgery in MECs that have invaded the orbit, and also suggests the need for closer observation postoperatively, when the pathologic diagnosis shows high-grade MEC.
INTRALESIONAL SCLEROTHERAPY FOR ORBITAL LYMPHANGIOMA

Dr Fiona Lim Pin Miao, Dr Luke Toh, Dr Audrey Looi
1 Singapore National Eye Centre
2 KK Women’s and Children’s Hospital

Introduction

Venous-lymphatic malformations are usually diagnosed in early childhood and most frequently found in the head and neck region. Patients commonly present with symptoms including proptosis, dystopia, limitation of eye movements and ptosis. Spontaneous hemorrhage into vascular channels can occur, resulting in acute proptosis and compressive optic neuropathy.

Although spontaneous resolution has been reported to be as high as 41%, this figure is much lower in most large series. Surgical resection usually difficult due to the invaginating nature of the malformation and high risk of damage to adjacent vital structures. Incomplete resection is associated with a high rate of disease recurrence. In view of limited surgical success, other treatment modalities such as carbon dioxide laser ablation, diathermy, intralesional injection of sclerosing agents and irradiation of the lesion have been attempted with variable success. More recent studies have suggested that intralesional sclerotherapy in macrocytic lymphatic malformations are effective.

We report a 4-year-old patient with left orbital lymphatic malformation who underwent sclerotherapy with bleomycin and doxycycline.

Case report

A 4-year-old Chinese girl presented with left eye proptosis of two weeks duration. She did not have any eye pain or redness and did not complain of any blurring of vision or diplopia.

On examination, Snellen visual acuity was 6/9 in both eyes. She had significant left eye proptosis and the left eye was displaced inferiorly and slightly temporally (see Figure 1). There was left eye elevation and adduction deficit. Anterior segment examination of both eyes was unremarkable. The optic disc was pink, with no disc swelling or signs of optic neuropathy and there were no choroidal folds on fundal examination.

The patient underwent magnetic resonance imaging (MRI) of the orbits that showed a lobulated cystic structure measuring 2.4 x 1.1 cm in the superior left orbit, containing a fluid-fluid level within it. A smaller 4mm cystic component is situated adjacent and lateral to this lobulated structure. The lobulated structure is situated predominantly in between the left superior rectus muscle and orbital roof, contacting the lateral aspect of the left superior rectus muscle and another component extending anteriorly to the superomedial aspect of the left orbit. The above findings are consistent with a lymphatic malformation (see Figure 2).
She subsequently underwent ultrasound guided sclerotherapy to the left orbital lymphatic malformation at Kandang Kerbau Women’s and Children’s Hospital (KKH). Using a 22G cannula inserted under real-time high resolution ultrasound guidance, 1ml of doxycycline (100mg/5ml) and 1ml of bleomycin (15,000 IU in 3ml) were injected on 19th May 2014. Intraoperatively, she also received intravenous dexamethasone 2mg and intravenous cephalaxin.

At the sixth postoperative week, left eye proptosis and dystopia were reduced markedly and full left eye range of motion was restored (Figure 1).

Conclusion
We have shown in our case study that intralesional sclerotherapy using bleomycin and doxycycline is an effective treatment option for orbital lymphatic malformation in a young child. We look forward to treating more of these malformations in order to gain greater insight with regards to the choice of sclerosant, injection technique and long-term outcomes.

References
Operative Pearl

SURGERY FOR LAGOPHTHALMOS WITHOUT USING A GOLD PLATE

Dr Mika Noda
Hokkaido University Graduate School of Medicine, Sapporo, Hokkaido, Japan

Gold weight is often used as a treatment for lagophthalmos. However, the foreign body can extrude and the treatment is not always available. For some severe forms of lagophthalmos, permanent tarsorrhaphy could be suitable.

Figure 1: Severe lagophthalmos in young male after intracranial hemorrhage. Permanent tarsoraphy was done and full thickness skin transplantations in upper and lower lids are added. a. preope lid opening b. preope lid closing c. postope lid opening d. postope lid closing

Make approximately 5-7mm incisions on the grey line in the upper and lower lids from the lateral canthus. This point will be the new lateral canthus. Split the lids into anterior and posterior lamellae. Remove the lash roots along the split line.

Make a vertical incision through the full height of the upper tarsal plate at the medial end of the grey line incision. Incise along the upper edge of the lateral tarsal plate and create a tarsal flap. Make a similar vertical incision in the lower tarsus and excise the lateral portion of the tarsal plate and palpebral conjunctiva.

Suture the upper half of the upper tarsal triangle to the upper lid incised edge and the lower half to the lower edge. Gather the lateral skin and suture.

Although the fissure width becomes narrower, the change in appearance isn’t apparent and the surgery is very efficient.

Fig 2 : Clay model indicating the methods. Remove eyelashes and lower tarsal plate, create upper tarsal plate flap, rotate and suture.
Philosophical Notes

INTRODUCTION OF JAPANESE SOCIETY OF OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY (JSOPRS)

Hirohiko Kakizaki, M.D., Ph.D.
President of JSOPRS
Professor of Ophthalmology, Aichi Medical University

1. Establishment:
The Japanese Society of Ophthalmic Plastic and Reconstructive Surgery (JSOPRS) was established on April 1st, 2013. So far, this specialty had not had its special society in Japan, although the OPRS has been judged as a main branch of Ophthalmology in the US, Europe and the Asia-Pacific regions and many Japanese ophthalmologists were interested in OPRS. It has been, therefore, difficult to organize systematic education, examination and treatment, as well as holding an international conference in the OPRS field in Japan.

In such a situation, the executive committee of the APSOPRS requested us to establish a new OPRS society in Japan. As the WOC Tokyo was reaching at the time, we soon established the JSOPRS.

Our society is, of course, an affiliated society of the APSOPRS, and also under the umbrella of the Japanese Ophthalmological Society. We are, therefore, responsible for education, research, examination and treatment on the OPRS in Japan and the Asia-Pacific region.

2. Organization:
The JSOPRS executive committee is organized by 1 president, 2 vice presidents, 10 directors and 2 advisers. The term of the executive committee is 3 years, but they can be reappointed. We invited 7 emeritus members who have made a great contribution to the OPRS in Japan. The secretariat has 2 staffs, one of whom is a native English speaker. The executive office is at Osaka, Japan. At the moment, 123 doctors and 16 companies have participated in our society.

3. Activities:
We have run an informative homepage (https://www.jsoprs.jp/) to base up the OPRS ability of Ophthalmologists. This homepage includes a conference information, newsletter, fellowship information, and so on. We are now planning to open “e-learning” and “lecture & surgical video service”.

We hold an annual meeting as well. We successfully held the 1st meeting at Aichi Medical University in last December on generous support by the delegates. The number of participants were 182 including overseas doctors. Dr Ashok Grover (India), Dr Audrey Looi (Singapore), Professor Dion Paridaens (the Netherlands), Professor Don Kikkawa (US), Dr Milind Naik (India), Professor Yoon-Duck Kim (Korea), Dr Yun-Dun Shen (Taiwan) and Professor Woong-Chul Choi (Korea) kindly took part in the meeting and gave us nice lectures. We will have the next meeting in Kobe on December 6 (Sat) and 7 (Sun). We cordially invite you to attend the Kobe meeting. We are planning to invite several overseas guest speakers. During the time, a beautiful illumination festival will be held in Kobe.

4. Aspiration for future:
We will further utilize the excellent web system for education. Especially, “e-learning” and “lecture & surgical video service” are our on-going projects. As a web company is in our team, we can make a versatile homepage. As well, we can do an international office work, as a native English speaker is in the secretariat. If we have an opportunity to run the APSOPRS executive office in Japan, we can do it with good quality.

We would like you to support the JSOPRS for prosperity of both our society and the APSOPRS.
Dear Friends,

Welcome to New Delhi.

We look forward to receive you in the historic capital city of India. In addition to a robust and rich scientific programme in Oculoplastic and Aesthetic Surgery, we promise the traditional warmth and hospitality of India, culinary delights of the acclaimed Indian food and a peagent of colours from the rich Indian culture.

‘A to Z Ocuplasticfest’, the congress of the Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery and the Silver Jubilee Meeting of Oculoplastics Association of India, promises to bring you the very best and the latest in Oculoplastics with an eminent faculty from all over the world. Conference theme is ‘Oculoplastics - Scaling Newer Horizon’. We promise you a programme, which will be interesting novel, educative and practical.

Come, join us in Delhi from Sept. 26 to 28, 2014 and carry back a life time of indelible memories.

For details log on to conference website : www.apsoprs2014delhi.com

Dr. Ashok. K. Grover, M.D. MNAMS, FRCS FIMSA, FICO
Organizing Chairman

President
Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS)

Past President
All India Ophthalmological Society (AIOS)
Oculoplastic Associations of India (OPAI)

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Website: www.apsoprs2014delhi.com
REGISTRATION DETAILS

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SPECIAL ATTRACTIONS

- Eminent International faculty from all over the globe
- Symposia/workshops/wetlabs on eyelid, orbital and lacrimal surgery
- Live Surgery
- Guest lectures/ Videos/ Free papers
- Management of day to day eyelid & lacrimal disorders
- Up to date advances in Oculoplastics and oncology
- Aesthetic Oculoplastics including hands on courses
- Multidisciplinary team approach to Oculoplastic management
- World class trade exhibition with the best of Oculoplastic products

Workshops

- Botulinum toxin
- Fillers in aesthetic Oculoplastics
- Incision making, suturing and flaps
- Implants, miniplating and orbital floor repair
- Nasal endoscopy and intubation
- Radiofrequency

Group Excursion to the Taj Mahal at Agra on September 25, 2014

For International Delegate USD 60
For Indian Delegate INR 2200

"India is the cradle of human race, the birthplace of human speech, the mother of history, the grandmother of legend, and the great grandmother of tradition. Our most valuable and most astrictive materials in the history of man are treasured up in India only!"

Delhi

Delhi is a city that bridges two different worlds. Old Delhi, once the capital of Islamic India, is a labyrinth of narrow lanes lined with crumbling havelis and formidable mosques. In contrast, the imperial city of New Delhi created by the British Raj is composed of spacious, tree-lined avenues and imposing government buildings. Delhi has been the seat of power for several rulers and many empires for about a millennium. Many a times the city was built, destroyed and then rebuilt here. Interestingly, a number of Delhi's rulers played a dual role, first as destroyers and then as creators.

The city's importance lies not just in its past glory as the seat of empires and magnificent monuments, but also in the rich and diverse cultures. No wonder chroniclers of Delhi culture - from Chand Bardai and Amir Khusro to present days writers - have never been at a loss for topics. In Delhi, you will discover that the city is sprinkled with dazzling gems: captivating ancient monuments, fascinating museums and art galleries, architectural wonders, a vivacious performing-arts scene, fabulous eating places and bustling markets.

Attractions in Delhi:

- Akshardham Temple
- Azad Hind Gram
- Bahai Temple
- Birla Mandir
- Dilli Haat
- Garden of Five Senses
- Humayun's Tomb
- India Gate
- Jama Masjid
- Jantar Mantar
- Qutab Minar
- Safdarjang Tomb
- Red Fort

Taj Mahal

The most outstanding monument built by Emperor Shahjahan is the Taj Mahal at Agra. It is on the bank of River Yamuna. This grand mausoleum was built in the memory of his beloved Queen Mumtaj Mahal. It has been described as "a dream in marble designed by fairies and completed by jewelers."

It is made of pure white marble. As a monument of love "it is unsurpassed in the world." It stands on a platform of 8.5 meters height. The mausoleum rises to a height of 32.4 meters. It is surmounted by cupolas at each corner. The bulbous dome in the centre of the cupolas has the appearance of an inverted lotus.

2014 Volume 1 Issue 3
Dear Colleagues,

It’s my pleasure to announce that the Second National Oculoplastic Conference Nepal will be held from 18-19th October 2014 in Kathmandu Nepal. The theme of the conference is "Challenges & Advances in Oculoplasty". Advances in the field of oculoplastic diseases have occurred by leaps and bounds in recent years. New concepts and novel therapies add to our existing knowledge, and much of our new knowledge is applicable to our daily clinical practice. This meeting will provide a platform the lively exchange of ideas and professional interaction.

The conference will highlight the new frontiers in oculoplasty.

The meeting is designed to cater to a wide spectrum of audience ranging from oculoplastic surgeons, general ophthalmologist, fellows, and residents. The scientific program will include plenary lectures, symposia as well as free papers and posters. Besides the main programme, a selection of sessions will focus on surgeries on eyelids, orbit, lacrimal system, ocular oncology, aesthetics and management on complicated cases.

The second National Oculoplastic Conference promises to be an exciting event catered to varied interests, and we look forward to warmly welcoming you in October 2014.

For more details, please visit: http://ocn2014.com/main/

Dr Rohit Saiju
Organizing Chairperson
SNEC 25TH ANNIVERSARY INTERNATIONAL MEETING

22 - 24 MAY, 2015
SUNTEC SINGAPORE CONVENTION & EXHIBITION CENTRE

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For more information:
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SNEC 25TH ANNIVERSARY MEETING

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RAISING THE BAR IN OCULOFACIAL & ORBITAL SURGERY

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