TNOA DIGITAL TIMES

ISSUE 4

DR SUJATHA MOHAN
PRESIDENT, TNOA

DR PRASANNA V RAMESH
EDITOR

DR NIRANJAN KARTHIK
CO-EDITOR

President's Message

Dear Esteemed Members,

Warm greetings to all.

It is a privilege to connect with you through this edition of TNOA Times. Our association continues to grow as a dynamic and progressive community, united by a shared commitment to excellence in ophthalmology.

Over the past months, TNOA has witnessed remarkable academic momentum, with a rich blend of international webinars, high-impact physical conferences, and unique interdisciplinary sessions. Our initiatives—including webinars on heart health and finance for ophthalmologists—reflect our vision to go beyond clinical excellence and support the holistic well-being and professional growth of our members.

Equally commendable has been our outreach—bringing eye care to the underserved and strengthening our role in public health across the state.

I am delighted and immensely proud to share that TNOA has been honored with the prestigious Best State Society Award by the All India Ophthalmological Society. This recognition is a testament to the collective dedication, innovation, and excellence demonstrated by each one of our members.

We also take great pride in showcasing the phenomenal work of our iconic institutions. This edition features the outstanding contributions of Sankara Nethralaya—a beacon of excellence in patient care, research, and education, and a true inspiration to the ophthalmic community.

This achievement belongs to all of you—it reflects our shared vision, teamwork, and unwavering commitment to advancing eye care. Let this milestone inspire us to aim even higher and continue setting new benchmarks in academics, service, and innovation.

Together, let us continue to learn, lead, and serve—with pride in what we have achieved and confidence in what lies ahead.

Warm regards,
Dr.Sujatha Mohan
President, TNOA

Editor & Co-Editor's Message

Dear Members,

Warm greetings from the Editorial Team of TNOA Digital Times.

We are delighted to present Issue 4, showcasing the academic excellence and creative spirit of TNOA. This edition highlights our journey through international masterclasses, postgraduate training programs, interdisciplinary webinars, and impactful discussions that reflect our commitment to continuous learning and professional growth.

A proud milestone in this issue is TNOA receiving the Overall Best State Society Award and the Best National Society Award, recognizing the dedication and excellence of our members.

Alongside academics, this edition brings alive the beauty of ophthalmology through our Visual Museum, featuring remarkable clinical photographs, rare case presentations, and captivating photo essays that transform learning into visual storytelling. The prose and poetry section adds a special human touch, reminding us that medicine is not only science, but also emotion, reflection, and art.

We also proudly feature Sankara Nethralaya in our "Iconic Institutions" series, celebrating institutions that have shaped Indian ophthalmology and inspired generations.

This edition is a celebration of learning, leadership, creativity, and shared success.

Warm regards,

Dr. Prasanna Venkatesh R
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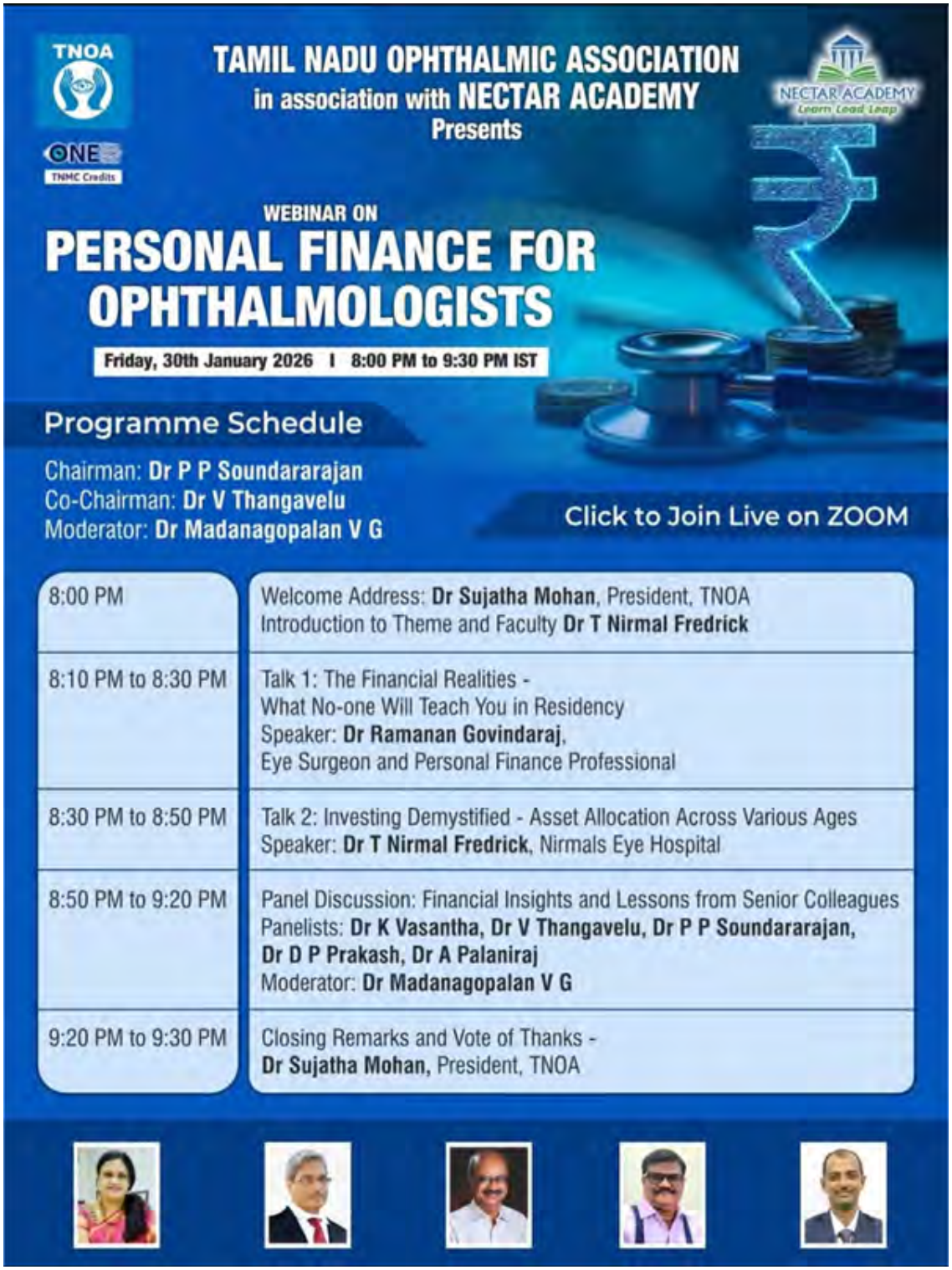
Type of Activity: Webinar

Title: Personal Finance For Ophthalmologists In Association With NECTAR ACADEMY



06 February 2026

Type of Activity: Webinar
Title: TNOA ARC Namma Paadasaalai #6

11 February 2026

Type of Activity: Webinar

Title: TNOA-TJOSR Webinar - Sterility Matters Steam In Ophthalmic Practice

13 February 2026

Type of Activity: Webinar
Title: TNOA International Masterclass - Cornea 360°

15 February 2026

Type of Activity: Webinar
Title: TNOA ARC – சென்னை வைபவம்

18 February 2026

Type of Activity: Webinar
Title: Keep An Eye On The Heart

20 February 2026

Type of Activity: Webinar
Title: Masterclass On Gonioscopy In Association With YOSI

27 February 2026

Type of Activity: Webinar

Title: Iconic Institutions That Shaped Indian Ophthalmology - Sankara Nethralaya

MARCH 2026

03 March 2026

Type of Activity: Webinar

Title: Glaucoma International Masterclass 2026 - Glaucoma Unmasked – Evidence Based Strategies!

20 March 2026

Type of Activity: Webinar

Title: TNOA ARC Namma Paadasaalai #7 "An Online Platform For Post Graduate Training"

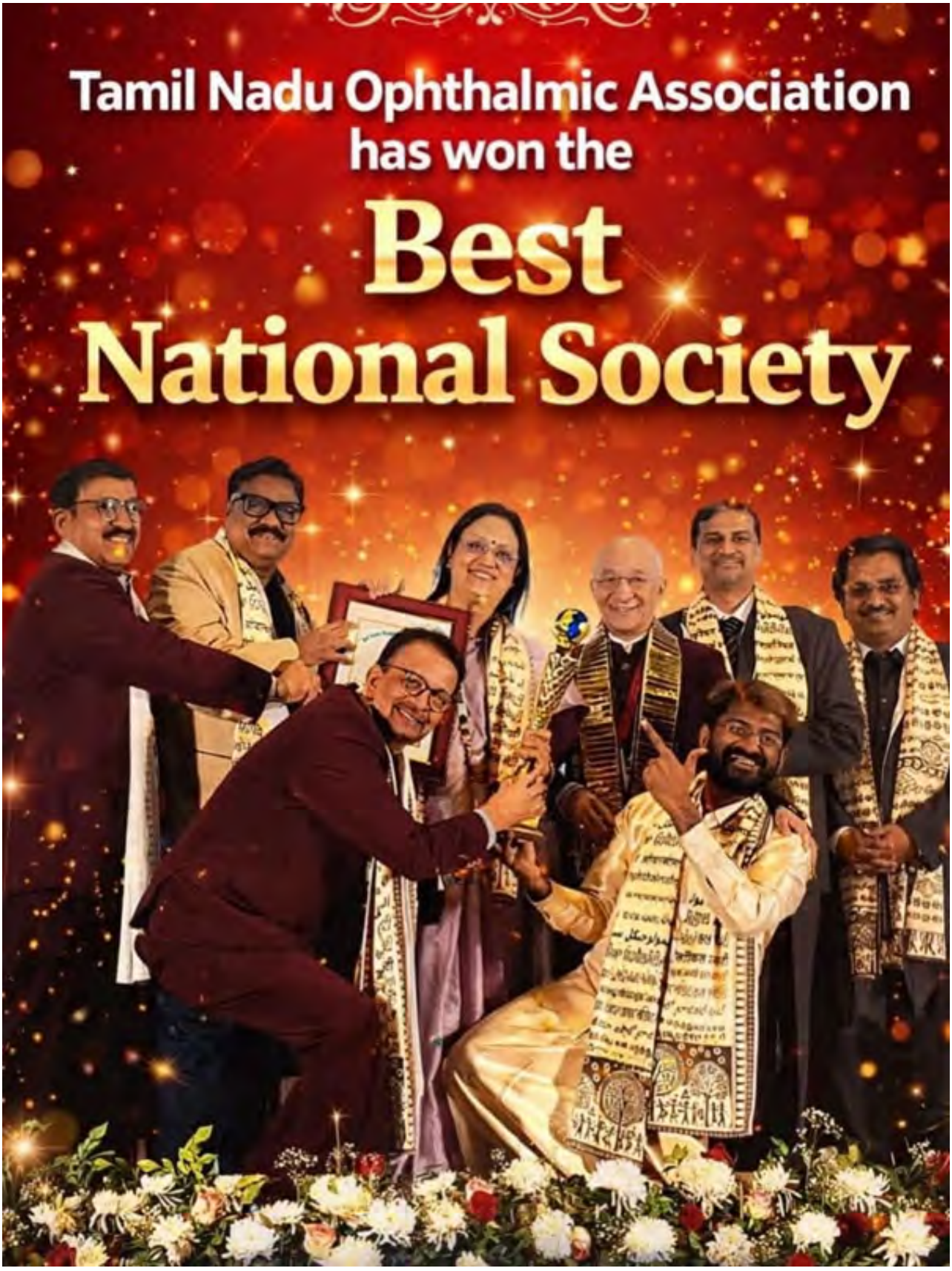
27 March 2026

Type of Activity: Webinar

Title: Master Class On TNOA Basics Of Squint Examination In Association With YOSI

OVERALL BEST STATE SOCIETY AWARD

BEST NATIONAL SOCIETY AWARD



GUEST EDITORIAL

EXPERT INSIGHTS.
INFORMED PERSPECTIVES.
STRONGER VISIONS.

THOUGHT LEADERSHIP.
SHAPING THE FUTURE OF EYE CARE.

Dr Murali Ariga, Dr Shweta Parsawar, Dr Subekhsa Natarajan

Glaucoma and the Ophthalmologist: A Quiet Partnership in Preserving Sight

Glaucoma is often described as the "silent thief of sight"—a phrase that captures the essence of the disease so well. It is typically painless, insidious, relatively asymptomatic and slowly progressive. Patients may go about their daily lives completely unaware that they are slowly losing peripheral vision, often until the damage is advanced and irreversible. For the ophthalmologist, glaucoma is not just a diagnosis—it is a long-term relationship with the patient, built on care, trust, and careful decision-making.

Glaucoma is a group of optic neuropathies characterized by progressive damage to the optic nerve, usually (but not always) associated with elevated intraocular pressure (IOP). The key word here is "progressive." Unlike many acute conditions in medicine, glaucoma does not demand dramatic, one-time intervention; instead, it requires sustained attention over years, often decades.

For patients, the idea that vision loss can occur without warning is unsettling. Many expect eye problems to be obvious—redness, pain, blurred vision. Glaucoma, particularly primary open-angle glaucoma, offers none of these early cues. This makes screening and routine eye examinations crucial, especially for those at higher risk: individuals over 40, those with a family history of glaucoma, diabetics, myopes, steroid usage, ocular trauma and certain ethnic groups.

This is where the ophthalmologist plays a pivotal role—not just as a clinician, but as an educator and guide. The initial diagnosis itself can be challenging and is based on a comprehensive eye exam: optic disc evaluation, IOP measurement, visual field testing, and imaging modalities such as OCT. Each of these provides a piece of the puzzle, and the ophthalmologist must interpret them in the context of the individual patient.

One of the most nuanced aspects of glaucoma care is that no two patients are the same. Two individuals may have the same IOP but vastly different susceptibilities to optic nerve damage. Similarly, a patient with "normal" IOP may still develop glaucomatous changes—what we recognize as normal-tension glaucoma. This variability underscores the importance of personalized care. The ophthalmologist must decide not only if to treat, but how aggressively and to what target pressure.

Treatment, in most cases, begins with topical medications. Prostaglandin analogues, beta-blockers, alpha agonists, and carbonic anhydrase inhibitors form the backbone of medical therapy. While these are effective, they introduce another layer of complexity: adherence. Unlike short-term medications, glaucoma drops are typically lifelong. Patients may struggle with cost, side effects, or simply the burden of daily use. It is not uncommon for adherence to wane over time, especially when the patient feels asymptomatic.

Here again, the ophthalmologist's role extends beyond prescribing. Counseling becomes critical—explaining the nature of the disease, the importance of consistent treatment, and the consequences of non-compliance. A few extra minutes spent addressing concerns or demonstrating proper drop instillation can make a significant difference in long-term outcomes.

When medical therapy is insufficient or poorly tolerated, laser and surgical options come into play. Procedures like selective laser trabeculoplasty (SLT) have gained prominence as both primary and adjunctive treatments. In recent years, minimally invasive glaucoma surgery (MIGS) procedures have expanded the surgical armamentarium, offering safer, less invasive options that can be combined with cataract surgery and are particularly useful in mild to moderate disease. For more advanced or refractory cases, traditional surgical interventions such as trabeculectomy or glaucoma drainage devices may be necessary.

Dr Murali Ariga, Dr Shweta Parsawar, Dr Subekhsa Natarajan

Glaucoma and the Ophthalmologist: A Quiet Partnership in Preserving Sight

Surgery in glaucoma is both an art and a science. Unlike cataract surgery, where outcomes are often immediate and gratifying, glaucoma surgery is aimed at preserving what remains. Success is measured not in improved vision, but in slowing progression. This can sometimes be difficult for patients to appreciate, and managing expectations is an essential part of preoperative counseling.

Another important dimension of glaucoma care is monitoring. Follow-up visits are not merely routine but are the cornerstone of management. The ophthalmologist must detect subtle changes over time, distinguishing true progression from test variability. This requires not only clinical expertise but also continuity of care. Long-term follow-up allows for a deeper understanding of the patient's disease trajectory and response to treatment.

In recent years, technology has significantly enhanced our ability to diagnose and monitor glaucoma. High-resolution imaging, progression analysis software, and even home tonometry are reshaping the landscape. Yet, despite these advances, the fundamental principles remain unchanged: careful examination, thoughtful interpretation, and individualized care.

Beyond the clinic, there is also a broader responsibility. Glaucoma awareness remains suboptimal, particularly in developing regions. Many patients present late, when significant vision loss has already occurred. Community outreach, screening programs, and public education are essential components of reducing the burden of blindness from glaucoma. Ophthalmologists, along with professional bodies, play a key role in these efforts.

There is also a human side to glaucoma that is sometimes overlooked. Living with a chronic, potentially blinding disease can be psychologically taxing. Patients may experience anxiety, frustration, or even denial. The ophthalmologist must recognize these aspects and provide reassurance and support. A compassionate approach can transform the patient experience and improve engagement with care.

In many ways, managing glaucoma is a journey rather than a destination. It requires patience—from both the patient and the physician. For the ophthalmologist, it is a discipline that demands precision, persistence, and empathy. The rewards may not always be dramatic, but they are deeply meaningful: preserving vision, maintaining independence, and improving quality of life.

As our understanding of glaucoma continues to evolve, so too will our approaches to treatment. New pharmacological agents, minimally invasive surgical techniques, and advances in genetics and neuroprotection hold promise for the future. Yet, the essence of glaucoma care will remain rooted in the relationship between the patient and the ophthalmologist—a partnership dedicated to safeguarding sight against a disease that too often goes unnoticed.

Glaucoma may be a silent thief, but with vigilant care and a committed ophthalmologist, it is one that can be caught in the act and stopped in its tracks.

Dr Murali Ariga, Dr Shweta Parsawar, Dr Subekhsa Natarajan

Glaucoma and the Ophthalmologist: A Quiet Partnership in Preserving Sight

Fig.1

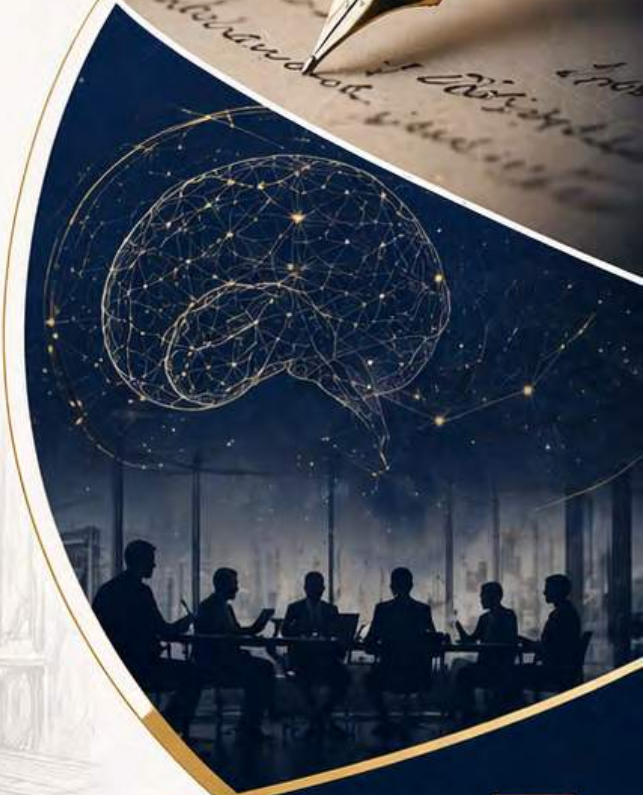
Fig.2

Fig.3

GUEST EDITORIAL

YO MATRIX

EXPERT PERSPECTIVES.
SHAPING THE FUTURE OF VISION.



EXPERT VOICES | INSIGHTFUL IDEAS | THOUGHTFUL EDITORIALS | INFORMED DIALOGUE

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Dr Pranessh Ravi

The A-EYE(I) That Never Blinks": Transforming Glaucoma Diagnostics and Management

Artificial intelligence in glaucoma screening and management addresses a disease long described as the silent thief of sight. Glaucoma represents a highly complex group of optic neuropathies that progressively destroy ganglion cells and their axons, leading to irreversible structural damage. Traditionally, a multitude of imaging modalities has been used to make a confirmatory diagnosis. This approach can place significant cognitive load on clinicians, contributing to fatigue and subjective bias. With the integration of artificial intelligence into clinical practice, the approach can shift toward a more continuous, data-driven model of care rather than a purely reactive one.

AI in the Wild: Real-Life Clinical Scenarios

Researchers at the University College London Institute of Ophthalmology and Moorfields Eye Hospital[1] evaluated over 6,000 images from a routine screening population, where AI algorithms accurately estimated the vertical cup-to-disc ratio. The reported accuracy ranged from 88% to 90%, compared to 79% to 81% achieved by human graders. In remote monitoring systems, patients can use VR headsets for at-home perimetry testing, with AI functioning as a triage engine that provides actionable responses based on patient data, particularly in detecting progressive decline.[2]

The Bumps in the Road: Trust, Bias, and the Black Box

The "black box" problem[3] highlights the limitation of relying entirely on deep learning models, especially when they suggest early surgical intervention based on predicted rapid progression. To address this, researchers are developing explainable AI (XAI)[4] using tools such as saliency maps. These allow visualization (Heatmaps) of the regions within visual fields or OCT scans that contributed to a given prediction, thereby improving interpretability and enabling AI to function as a collaborative assistant rather than an opaque decision-maker.

Another significant concern is the lack of demographic diversity in AI training datasets. Studies have demonstrated bias against Black and Hispanic populations.[5] Simply removing race from datasets does not ensure equity. Instead, approaches such as federated learning[6] are being explored, where models are trained across multiple populations globally without transferring sensitive data to centralized servers. This improves generalizability while preserving patient privacy.

In conclusion, artificial intelligence is becoming, or will become, an indispensable component of glaucoma care. It is not a replacement for ophthalmologists but rather an augmentative tool that enhances efficiency and workflow. With advancements in high-resolution imaging and neural network analysis, earlier detection of disease stages may become increasingly feasible. The future of glaucoma care is likely to be more personalized, productive, and accessible.

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Author: Dr Saksham Mathur
Senior Resident, Guru Nanak Eye Centre, New Delhi

"From Clear to Clouded"- A case of late IOL opacification

A 65 year old patient presented with gradual diminution of vision following uneventful cataract surgery 10 years ago. Slit-lamp examination revealed a well-centered intraocular lens (IOL) with diffuse opacification involving the optic, leading to significant visual axis obscuration. The capsular bag appeared intact with no evidence of posterior capsular opacification. The findings were suggestive of IOL opacification, likely secondary to degenerative changes within the lens material. The patient was advised IOL exchange in view of visually significant impairment.

Author: Dr Shruti Meenakshi K
Co-authors: Dr Thuhin S Krishna, Dr Jeyanth Rose, Dr Sanita Korah and Dr Alo Sen
Department of Ophthalmology, Christian Medical College, Vellore

Precision in Perforation: "The Corneal Anchor"

Case Summary

The patient is a 49-year-old male with a complex ocular history involving the right eye. Originally undergoing a "triple procedure" (Penetrating Keratoplasty + Cataract Extraction + IOL) in 2015 for viral keratitis, he suffered a recurrence and graft failure in 2017.

After being lost to follow-up for eight years, he returned in November 2025 with severe fungal keratitis. The case is notable for the "tectonic rescue" provided by the existing Intraocular Lens (IOL), which acted as a structural scaffold for epithelialization (forming a pseudocornea) after the fungal infection caused significant corneal thinning and lysis.

Key Details

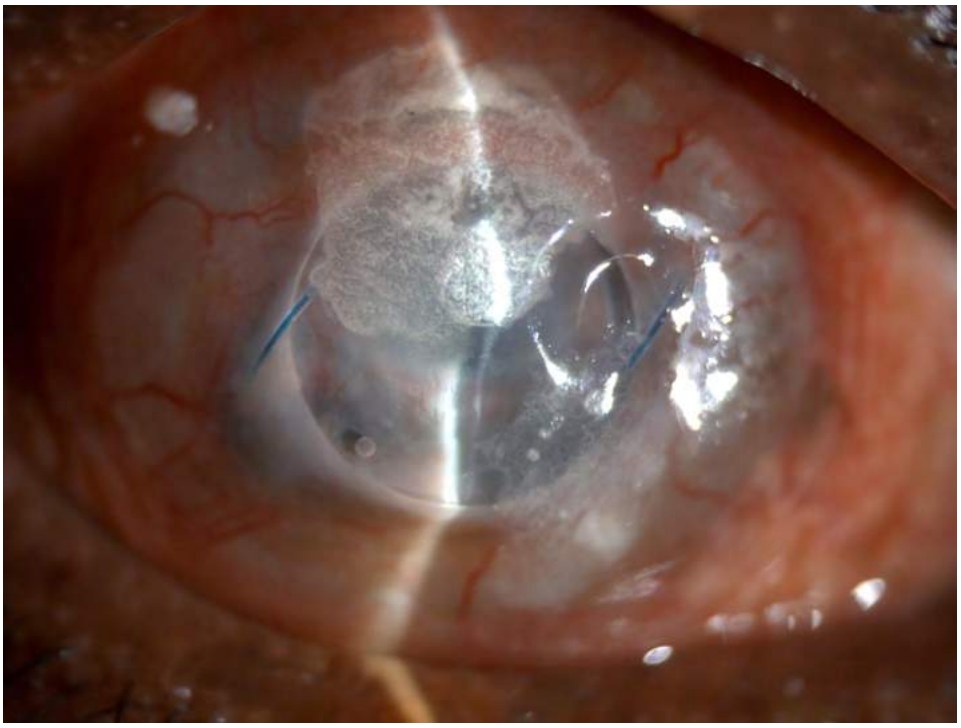
Pathogen: Curvularia lunata (a dematiaceous/pigmented fungus).

Clinical Presentation (Nov 2025): Corneal infiltrate, hypopyon, and extreme thinning.

Management: Microbiological scraping and culture. Tectonic support: Cyanoacrylate tissue adhesive and a bandage contact lens.

Medical therapy: Intensive topical and systemic anti-fungals.

Outcome: The infection resolved, but the cornea thinned to the point that the IOL became the primary surface for epithelialization. This rare occurrence effectively "sealed" the globe without further invasive grafting, as the patient declined additional surgery.



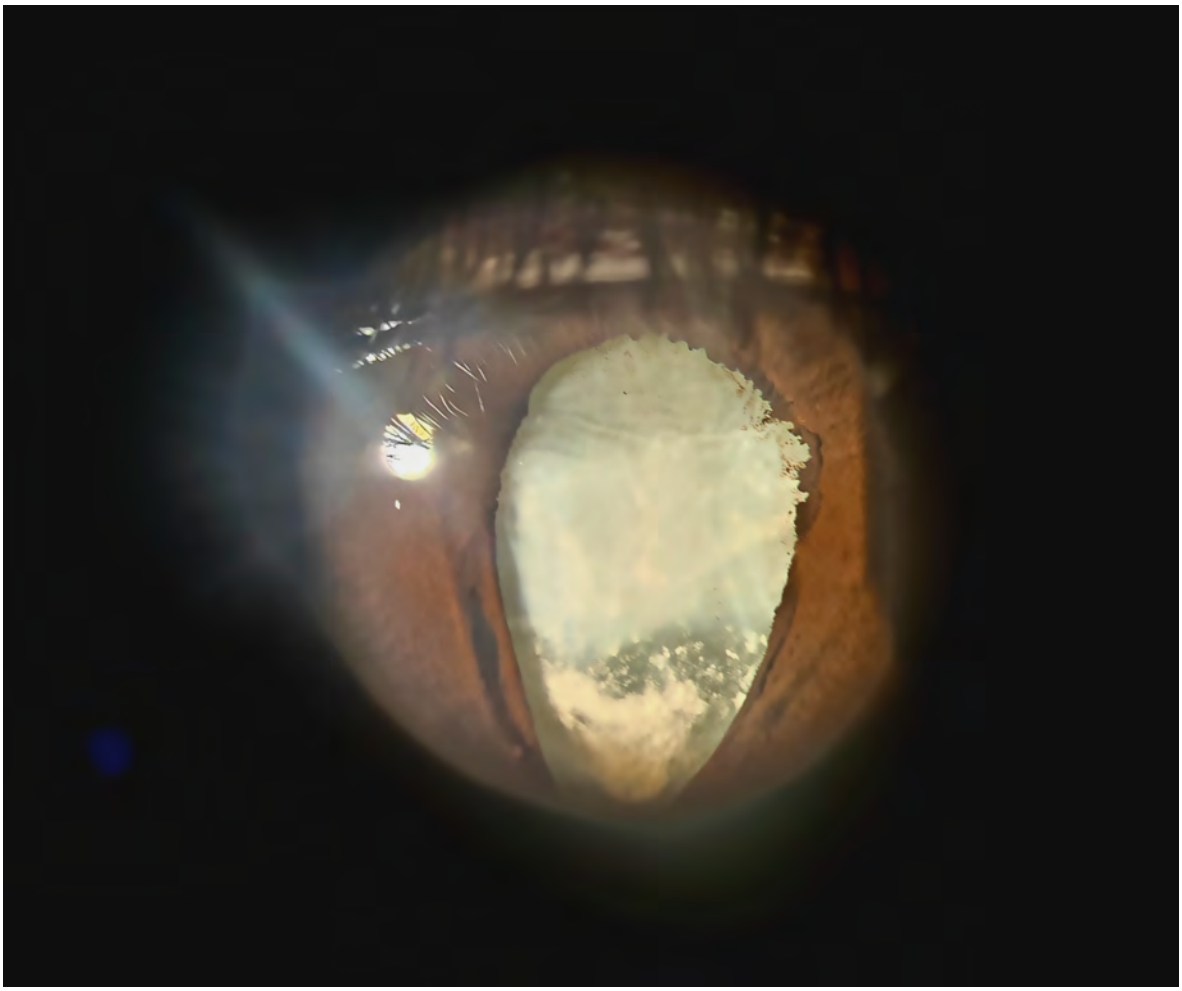
Source and Institutional Information
The slit-lamp photography and clinical documentation originate from:
Christian Medical College (CMC), Vellore, Schell Eye Hospital, Cornea Clinic, Department of Ophthalmology
Documentation on: January 31, 2026 (Follow-up visit photo)

Author: Dr Taniya Roy
Cataract and Medical Retina Fellow at Siliguri Greater Lions Eye Hospital

An Incomplete Iris Framing A Complete Opacity

Image of iris coloboma with mature Cataract in a 19 year old female.

Taken through a Zeiss slit lamp without a diffuser with a oneplus smart phone.

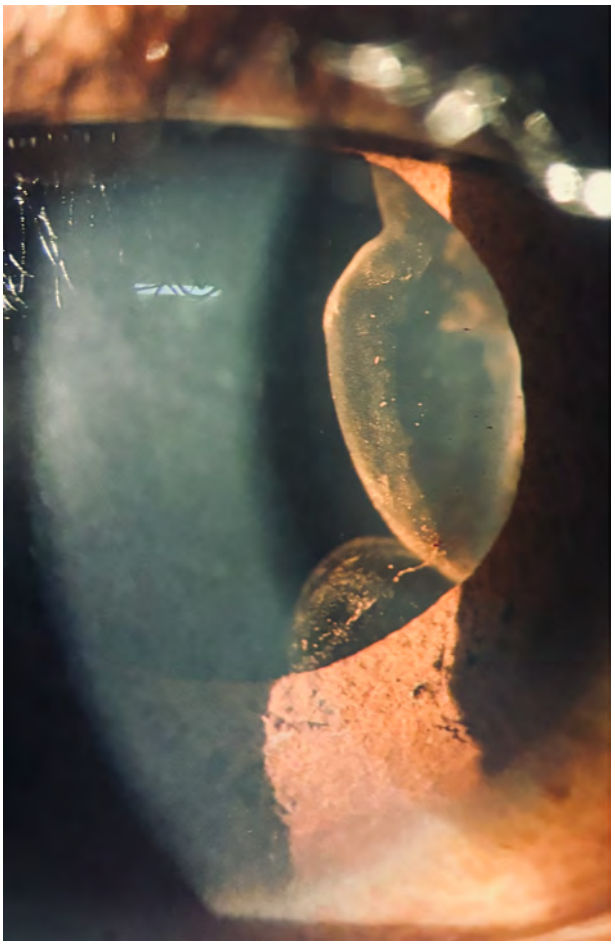


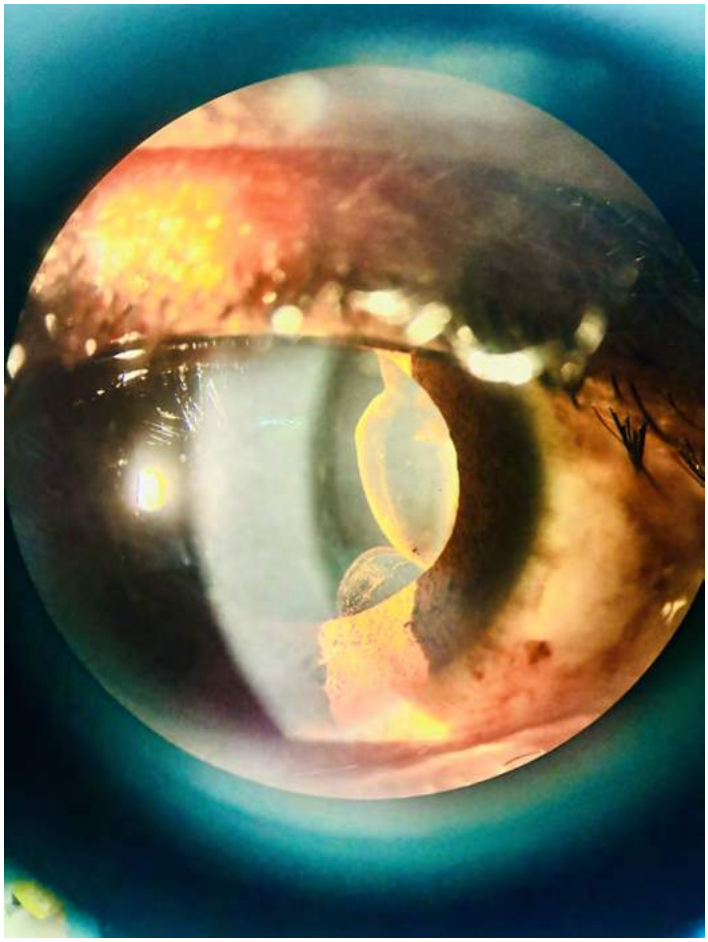
Authors: Dr Sai Dheera Mulasthanam & Dr Venipriya S
Saveetha Medical College and Hospital, SIMATS, Chennai

Vitreous Prolapse Into The Anterior Chamber

Vitreous prolapse into the anterior chamber is a known sequela of disruption of the posterior capsule or zonular apparatus, particularly in aphakic eyes following trauma or surgery. This can lead to secondary glaucoma due to mechanical obstruction of aqueous outflow and altered anterior segment dynamics (1,2).

A 52-year-old male presented with pain, redness, and decreased vision in the right eye. He had a history of blunt ocular trauma 9 months prior, following which lens extraction was performed elsewhere, leaving the eye aphakic. Slit-lamp examination revealed circumcorneal congestion, mild corneal edema, and a translucent vitreous blob prolapsing into the anterior chamber through the pupillary aperture with vitreous strands. Intraocular pressure was elevated (36 mmHg). The findings are consistent with secondary glaucoma due to vitreous prolapse in an aphakic eye. Initial management includes medical control of intraocular pressure, while definitive management involves anterior or pars plana vitrectomy, often combined with glaucoma surgery when required (3,4).

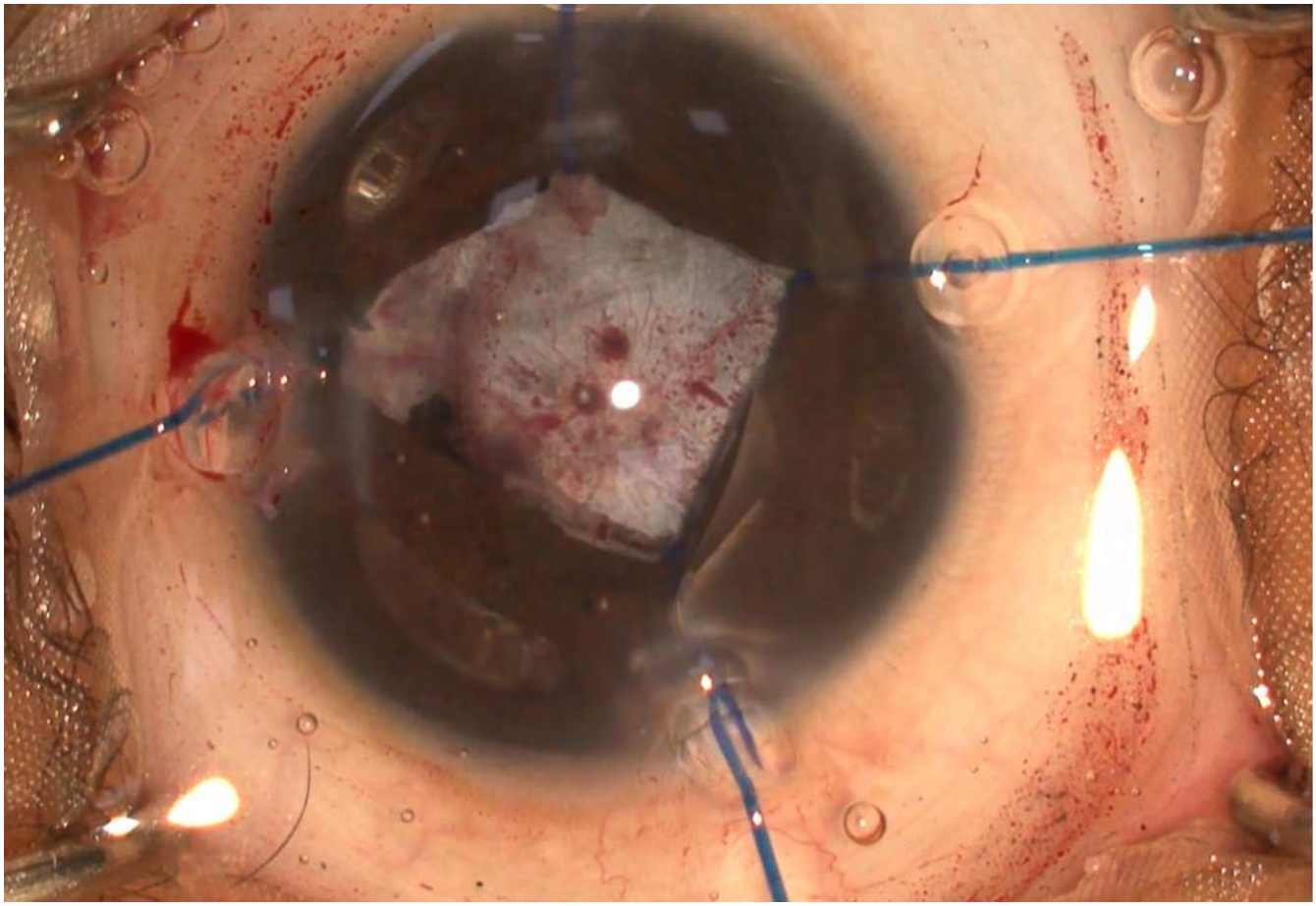




Author: Dr Pragya Singh
Senior Resident, RIO, Patna

Vascular Web Of Pediatric Eye

The current image is intra-operative picture of 3 month old boy with thick vascular membrane, S/P U/L lens aspiration for pediatric cataract. Primary posterior capsulorhexis was not performed by the primary surgeon considering it as persistent fetal vasculature (PHPV), but further B-scan and intra-op findings does not reveal any stalk or PHPV and hence membranectomy was performed for visual rehabilitation.



Author: Dr Nisarga Rajesh Rane

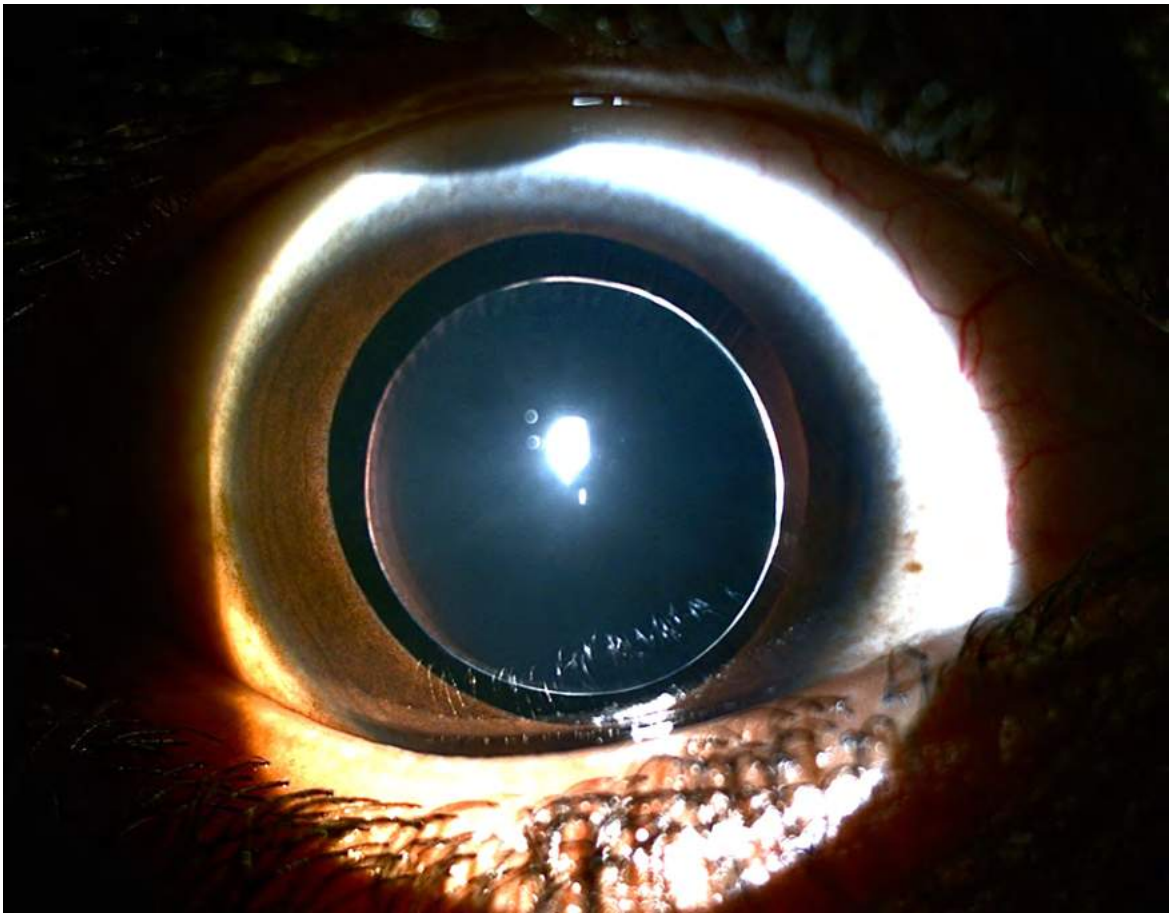
A Perfect Circle: The Hidden Geometry of Microspherophakia

A 20-year-old male presented for a routine ophthalmic evaluation with a best-corrected visual acuity of 6/12 in both eyes. Refraction revealed lenticular myopia. Intraocular pressure was within normal limits, and anterior segment examination appeared unremarkable. Fundus evaluation showed no significant abnormalities.

On dilated slit-lamp examination, retroillumination revealed a striking, well-circumscribed circular pupillary silhouette—unmasking a spherical crystalline lens with increased anteroposterior curvature and reduced equatorial diameter, consistent with microspherophakia.

The sharply defined lenticular contour reflects underlying zonular laxity and altered lens biomechanics. While visually subtle, such morphology carries important clinical implications, including progressive lenticular myopia, risk of lens subluxation, and secondary angle-closure glaucoma.

In view of these findings, the patient was advised clear lens extraction with intraocular lens implantation with capsular tension support.



Authors: Dr Nikhil Kamble, Dr Santosh Suman & Dr Deepali Tiwari

A Sparkling Display in the Crystalline Lens: Christmas Tree Cataract

A 60-year-old man presented for routine ophthalmic evaluation with no relevant medical history. Slit-lamp examination of the left eye revealed classical polychromatic, needle-shaped crystalline opacities characteristic of Christmas tree cataract. Visual acuity was preserved. Christmas tree cataract is typically idiopathic or associated with myotonic dystrophy. Systemic and musculoskeletal examination was unremarkable, with no evidence of an associated neuromuscular disorder.

Figure 1: Slit-lamp photographs of the left eye showing polychromatic crystalline opacities of Christmas tree cataract

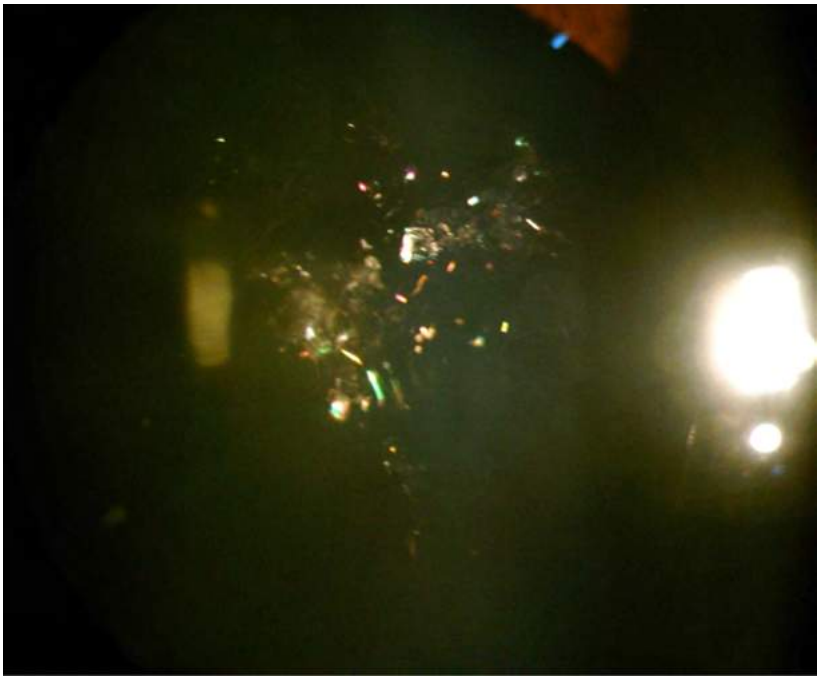


Figure 1: (A) Slit-lamp photographs of the left eye showing polychromatic crystalline opacities of Christmas tree cataract: (a) magnified view highlighting needle-shaped crystals.

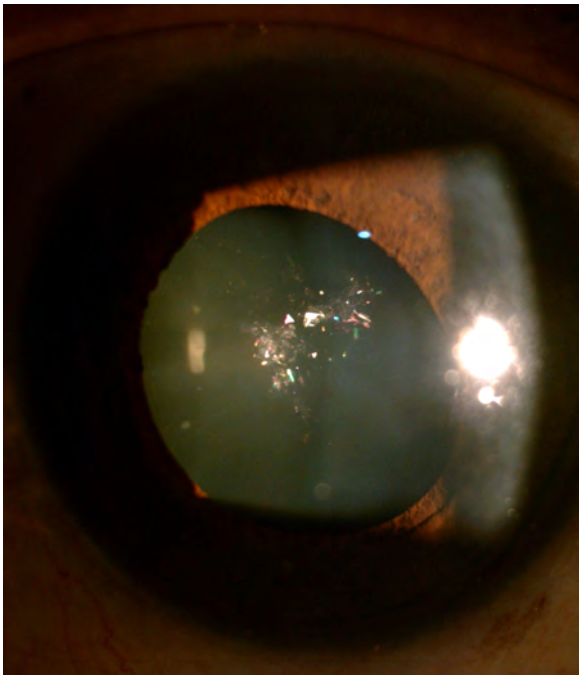


Figure 1: (B) diffuse view demonstrating their distribution within the lens.

Author: Dr Mansi Pankaj, 2nd Year Resident
Netrodaya - The Eye City, Varanasi, Uttar Pradesh

Into The Vitreous Spider-Verse

The surgery was a little complicated but the IOL is in, the city has its sun. Vitreous webs aren't damage — they're controlled chaos and iris pigments are decoration. Proof that something happened here, and we lived. Vision comes back slow, then all at once. And inside that chamber, the webs shimmer, the pigment drifts, and the new lens catches light like it was always meant to. We didn't get the clean ending. We got the saved one. Everything is happy again.

Controlled Chaos, Saved City

Author: Dr Madhumita Rout
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Assistant Professor at Hitech Medical College,
Consultant at KAR Clinic and Hospital Bhubaneswar

A Perfect Circle: The Hidden Geometry Of Microspherophakia

A 35 years male presented with redness, lacrimation and swelling of upper eyelid of left eye for the duration of 6months. He is a smoker, nondiabetics and nonhypertensive. He is a security guard by profession. He is a known case of xeroderma pigmentosum. On ocular examination eyes are orthophoric, ocular motility full and free in all directions. Intraocular pressure normal in both eyes. Slit lamp examination shows edematous, hyperpigmented lesion in the skin of upper eyelid, lower eyelid and outer canthus of left eye. Similar hyperpigmented lesion also seen on the forehead since 5 to 6 months. Conjunctiva, Cornea, Iris are within normal limits in both eyes. Pupil is round, regular, reacting to light in both eyes. VA is normal in both eyes. Fundus examination shows normal retina in both eyes. On palpation of regional lymph node –ipsilateral neck lymph nodes are enlarged. FNAC of forehead lesion shows polygonal cells with high N:C ratio. Histopathological examination of excisional biopsy shows squamous cell carcinoma. CT scan of orbit shows heterogenous enhancing mass lesions with internal area of necrosis in superolateral aspect of left orbit with extension to surrounding areas. Other rountine examinations are within normal limits. USG of abdomen shows thickened and irregular urinary bladder valve. He was treated with surgical excision of lesion from the left lid and forehead followed by radiotherapy (30 cycles) given.

Picture 1

Picture 2

Author: Dr Nikhil Kamble
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Congenital Dual/ Supernumerary Pucta-A Rare cause of Epiphora

Congenital Supernumerary puncta is a rare entity with no documented incidence. Highest number of reported cases were 20 and 18 over a period of 20 years, a study done by Schoute1 and Khami2 respectively.

It is postulated that abnormal duplication of embryonic surface ectoderm of lacrymal apparatus gives rise to supernumerary puncta. Proposed cause of epiphora is abnormal reflux of tear through accessory puncta2. Dacryocystorhinostomy surgery reduces the resistance for tear outflow and improves epiphora2.

A 42-year-old male patient presented to us with epiphora in right eye since childhood. No history of trauma.

On examination, OD found to have Dual lacrimal puncta in lower lid. Single/normal lacrimal punctum in upper lid. OS was single/normal lacrimal punctum in both upper and lower lid. Other anterior segment and posterior segment examination were normal in both eyes.

Sac Syringing test was performed in both eyes. In OD, in lower lid, out of two puncta, the medial punctum was open but there was a canalicular obstruction. And the lateral punctum was open with a patent canaliculi. Upper lid punctum and canaliculi was patent. In OS, sac syringing was patent. Surgical options such as dacryocystorhinostomy, punctal plugs were discussed with patient. Patient opted for conservative management with lubricating eye drops.

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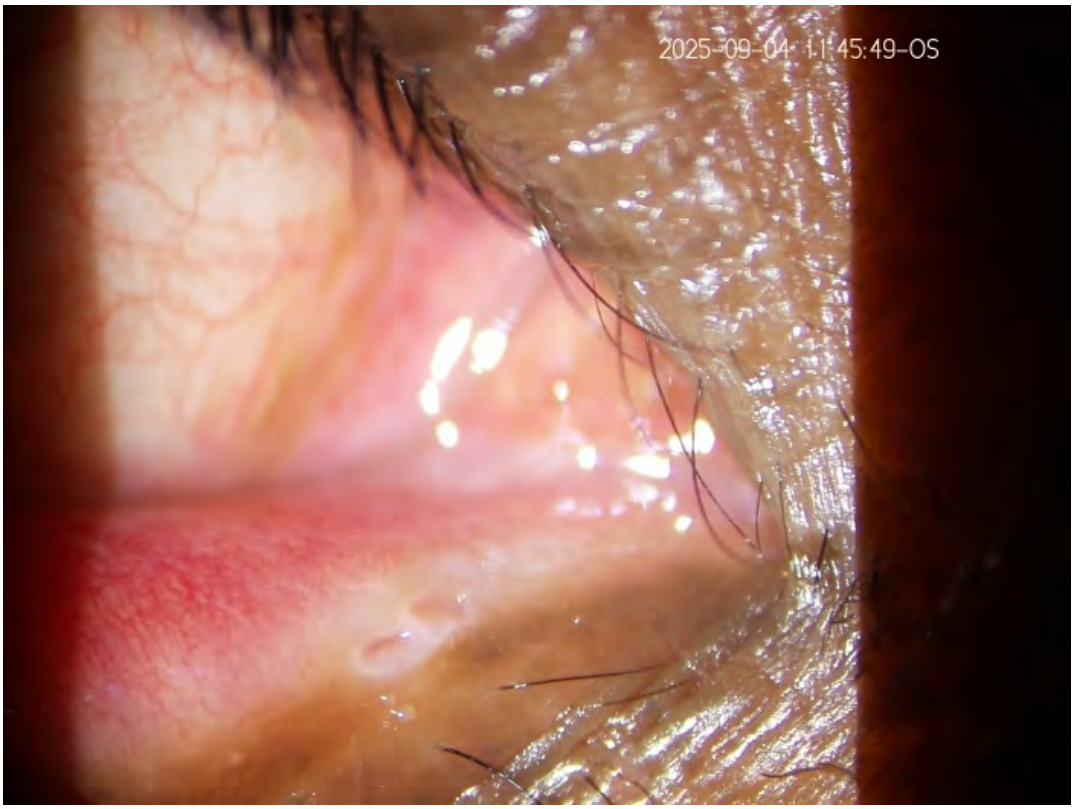
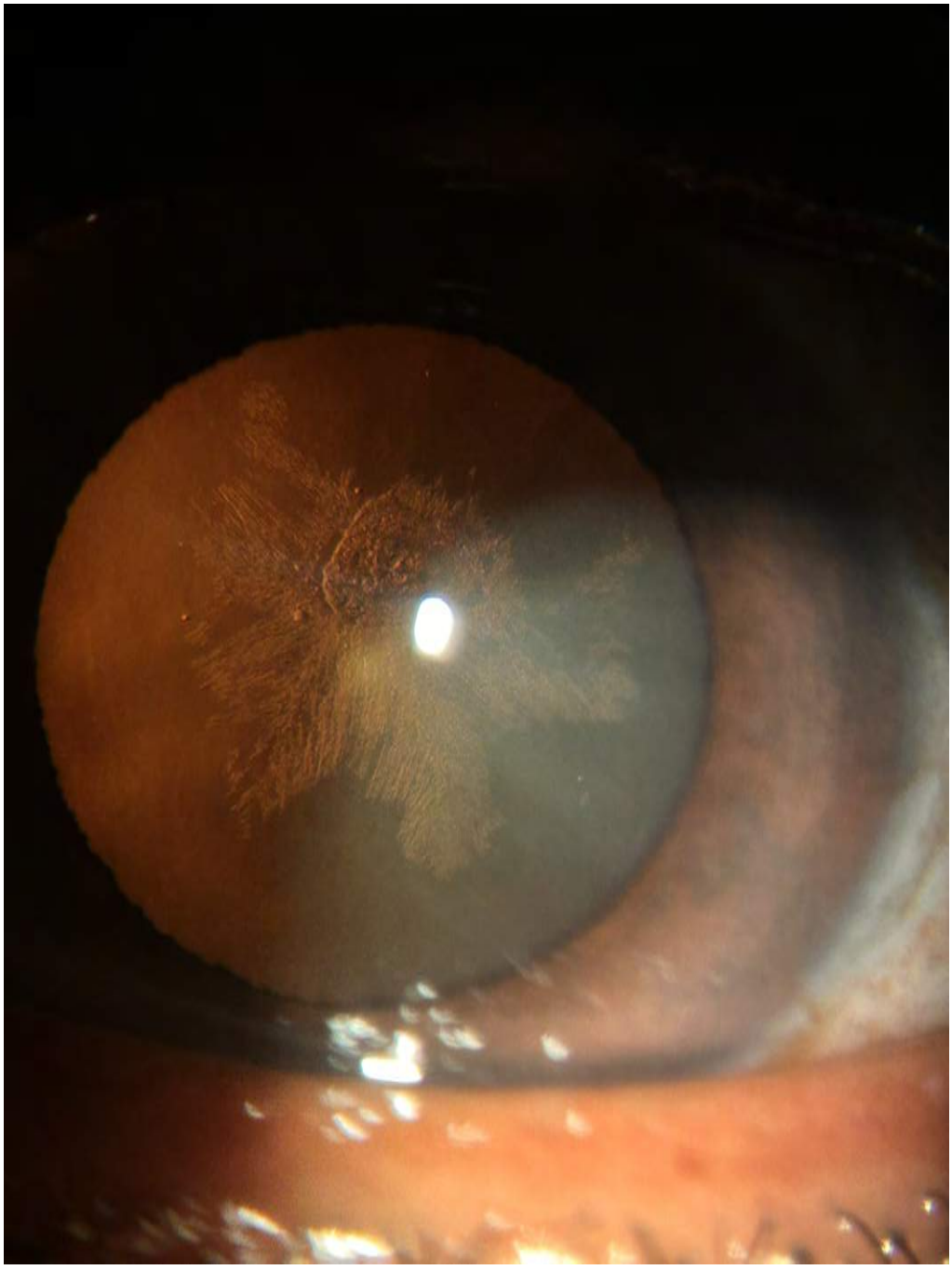


Author: Dr Anita Bedwal

Artful Feathered PSC Opacities Cloaking The Visual Axis

Slit-lamp image showing posterior subcapsular cataract in a patient with diabetes mellitus in left eye.

55 year old male with diabetes mellitus since last 4 years.
Left eye BCVA 6/24, Fundus : Mild NPDR.
Left eye PSC and Right eye BCVA 6/9, Early PSC
Fundus : Mild NPDR



Authors: Dr Akshaya Balaji, Dr Jyoti Rawat & Dr Nawazish Shaikh

Cosmic Concentricity Within The Lens - A Case Of Developmental Cataract

A 30-year-old male patient presented with gradually progressive, painless diminution of vision since childhood. Best-corrected visual acuity was 6/24 in the right eye and 5/60 in the left eye. Slit-lamp examination revealed multiple, well-defined concentric lamellar opacities arranged in a ring-like configuration within the crystalline lens of both eyes. The intervening lens matter appeared relatively clear, giving a striking multilayered appearance. Anterior segment examination was otherwise unremarkable. The fundus view was hazily visible but grossly within normal limits. The morphological pattern suggests sequential insults during lens development, leading to periodic disruption of lens fiber deposition and resulting in concentric lamellar opacities.

References:
1. Kanski JJ, Bowling B. Clinical Ophthalmology. 2020.
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Authors Statement:
The manuscript has been read and approved by all the authors. The requirements for authorship as stated earlier in this document have been met. Each author believes that the manuscript represents honest work.

Ethical Approval:
The study was evaluated by the Institutional Ethics Committee of Aravind Eye Hospital and deemed not to require ethics approval.

Declaration of Patient Consent
The authors certify that they have obtained all appropriate consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their image and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

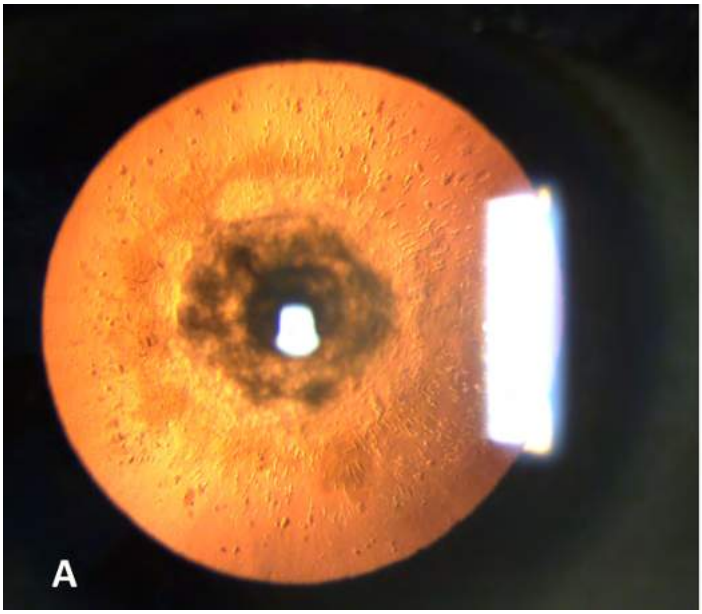

Figure 1: (A) Slit-lamp photograph of the right eye (OD) demonstrating multiple, well-defined concentric lamellar opacities arranged in a ring-like configuration within the crystalline lens. The intervening lens zones appear relatively clear, producing a characteristic multilayered pattern.

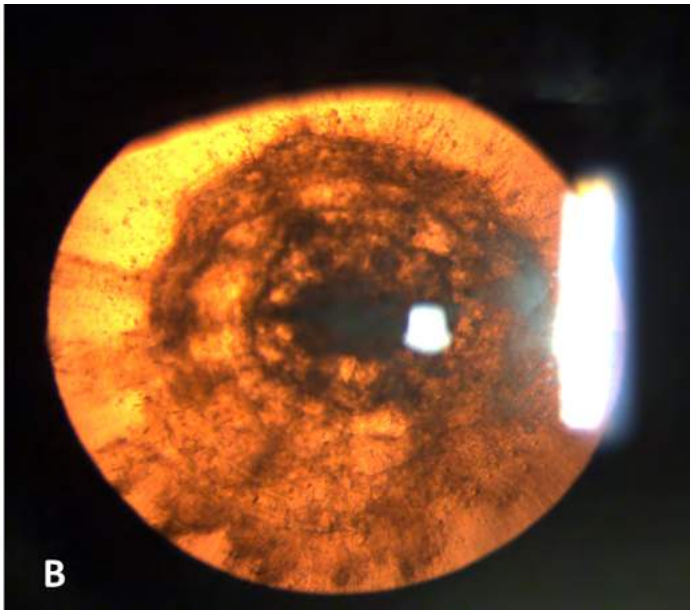

Figure 1: (B) Slit-lamp photograph of the left eye (OS) showing a similar multilamellar, concentric ring pattern of lens opacities, more densely involving the visual axis compared to the right eye.

Authors: Dr Vibha Singh, Dr Sarita Agrawal, Dr Uzma Parvin, Dr Alankrita Singha & Dr Jeel S

A Rare Case Of Bilateral Microspherephakia

Abstract:

Microspherophakia is rare bilateral congenital anamoly of the crystalline lens. The condition may be isolated, familial or it may be associated with systemic affections like Marfan's syndrome, Weil-Marchesani syndrome, hyperlysinemia and congenital rubella. Microspherophakia results in lenticular myopia, lens dislocation, usually inferiorly and inverse glaucoma. We present a case in a 8 year old child who presented with bilateral microspherophakia . visual acuity in right eye was counting fingers close to face and in left eye 6/60.IOP with perkins applanation tonometer was 30mmHg in right eye 22mmHg in left eye, cornea was hazy due to edema, anterior chamber was shallow in both eye patient was managed with emergency lens extraction of right eye and secondary ACIOL implantation. Left eye was managed by laser peripheral iridotomy. IOP was within normal limits postoperatively in both eyes without any antiglaucoma medications. Postoperatively best corrected visual acuity in right was 6/18 and 6/9 in left eye.

Keywords:

Microspherophakia, Anterior dislocated lens, Isolated microspherophakia.

Introduction:

Microspherophakia is a rare congenital condition of crystalline lens where in the anteroposterior diameter is more than horizontal diameter and lens assumes a spherical shape,[1] Defective development of the zonules results in their deficiency, increased length, weakness and non-attachment of posterior zonules to the ciliary processes. This could be regarded as a simple arrest of lens development between the fifth and sixth month of intrauterine life.[2, 3] This leads to formation of a small spherical lens. Microspherophakia is associated with some systemic affection like Weil Marchesani syndrome, Marfans syndrome or isolated microspherophakia.[4]

Case Description:

A 8 year old female child brought to outpatient department with complaints of diminution of vision in both eyes since her early childhood and complaints of redness watering from right eye since 1week there was no history of trauma and no history of similar complaints in past, no history similar complaints in any siblings and no history of consanguineous marriage. She was full term normal delivery and with normal developmental mile stones on general physical examination there were no signs of Marfan's or Weil Marchesani syndrome. Examination of right eye revealed mild circumciliary congestion cornea was hazy due to corneal edema AC was shallow with dislocated lens and lens was microspherophakia IOP in right eye with Perkins applanation tonometer was 30mmHg fundus glow was seen but other details were not made out. Examination of left eye revealed shallow anterior chamber and microspherophakia, IOP in left eye with Perkins applanation tonometer was 22mmHg fundus was normal in left eye visual acuity in RE counting fingers close to face and in LE 6/60 best correctedvisual acuity in RE counting fingers close to face and in LE 6/36.

She was put on I.V mannitol 20% and taken up for lens extraction of right eye under general anaesthesia and secondary ACIOL was implanted after 1 month. Post operatively VA in RE was 6/18.Laser iridotomy was done in LE. Post operatively IOP was within normal limits without any antiglaucoma medications.

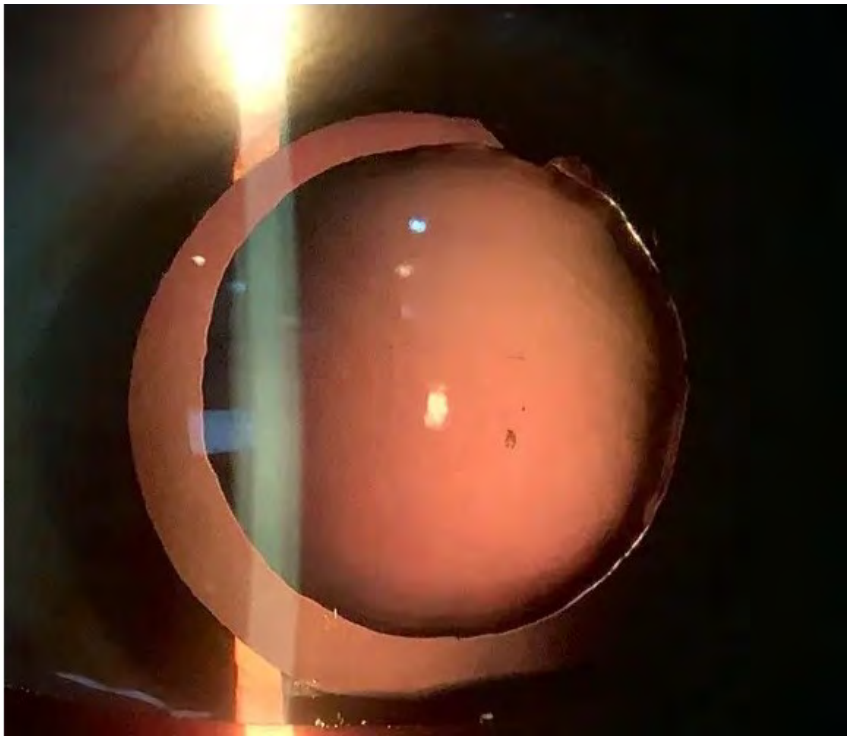

Fig. 1 Microspherophakic lens visible after mydriasis

Discussion:

Isolated microspherophakia is a rare condition. It is most often hereditary or familial or integrated into a general malformation syndrome. 5 Investigators have hypothesized that spherophakia occurs when an incompletely developed ciliary body and its loose elongated zonules do not exert sufficient pressure to flatten the developing lens. The lenses of patients with spherophakia therefore retain a fetal spherical conformation.[2] -[3] It usually presents in first or second decade of life with progressive myopia, angle closure glaucoma due to pupillary block by microspherophakic lens.Use of miotics causes forward displacement of lens iris diaphragm and cause inverse glaucoma in such patients. 6-7 Familial microspherophakia, generally not associated with other systemic malformations, is inherited as an autosomal recessive trait and associated with ectopia lentis where the lens is most frequently displaced upwards.8 With our patient the manifestation of this condition is sporadic or possibly familial as no previous case was identified in the immediate family.

Conclusion:

As there were no other signs or symptoms suggestive of Weil Marchesani, Marfans or other syndromes we concluded that this case is an isolated bilateral ectopic microspherophakia.

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Authors: Dr S Suganya, Dr Shaun Maria Dacosta &
Dr P R Balamurugan, Sankara Eye Hospital, Pammal

A Growing Problem - Watching The Vessels March Across The Scleral Spur

A 68 year old male patient presented to the OPD with a peculiar presentation. Primary clinical challenge involved diagnosis of accelerated systemic hypertension (200/120 mm Hg), Mixed mechanism glaucoma - Pre-existing POAG with Neovascular glaucoma with CRVO all at presentation. After IOP reduction gonioscopy uncovered fine, arborizing vessels marching across the scleral spur and involving 270 degree angles. Management involved multidisciplinary approach with BP control, Intravitral Accentrix, PRP sittings and a combined Phaco-Trabeculectomy with MMC in a staged manner. This emphasizes timely identification of NVA and its extent which is critical for prompt intervention before the zippering closure of neovascularization.

GLAUCOMA WEEK:

AWARENESS & ACTION

SEE TODAY.
PROTECT TOMORROW.

TOGETHER FOR
CLEARER VISIONS

Taming Glaucoma

How does one see?
When light at the end of the tunnel
Is the only light that you ever see?
How does one feel?
When all the beauty in the world
Can only be scavenged in measly pixels?
An image to be sewn together-
Faces to be construed apart
A river of sight
Leading to a sea of blindness.

How do I navigate
Through life's travails?
The landscape I treasure
Of swaying trees and steady mountains
Is now barely a portrait of a single leaf.
The roads that lead me to joy
Are now the ones I walk away from.

How, then, can I expand this
Glowing single flame?
To see the unseen
To grow the real estate of my vision
Could a healing touch stop this vanishing flame?
Could a simple eye test
Give me a flickering hope?

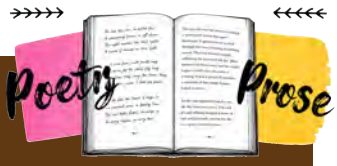
Glaucoma is a disease of poetic irony.
A terrible disease that is silent, stealthy and permanent. a disease where vision is eaten away slowly from the farthest corners of our visual field, chewing up our world in wide circles, and by the time we realise, it has consumed our vision and our independence -
Glaucoma is the apex predator of our vision!

But the poetic balance to this devastating disease
Is that just a yearly eye check can bring it to its knees
An early diagnosis can send it back to its shadows.
A simple eye drop can satiate its hunger.
A delicate eye surgery can stall its tracks.

Glaucoma is a predator, but one that the gentle hands of an ophthalmologist can slay.
So let's get our eye check done, just once a year
And that is the promise to ourselves
That our eyes matter, and so does our vision!
Warm regards,

Dr. Shruti Nishanth, MS,DNB,MRCS
Strabismologist, Paediatric Ophthalmologist and Neuro-ophthalmologist,
M.N. Eye hospital Pvt. Ltd,
Chennai

Echoes Of Light

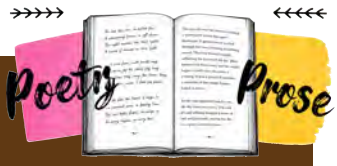


Love and light linger in the tribe,
Where hidden shadows creeps and bribe.
Nevertheless, a gush of air brushes the ghost,
Thus, check your golden glow of sight,
Through simple tests, quick and light.
Measure eye pressure to keep the vision bright,
Along a mirror, reflects the stealthy angle,
Tiny flashes map the silent loss,
Unseen thinning escapes the naked eye,
Yet a scan of layers reveals the truth,
Amid the chaos, rises daily heroes,
To battle darkness and conquer hope.
Hence act today, to nurture the eyes of tomorrow.

That paves the way to an endless dawn untouched by dusk.

DR. R. Preethigha M.B.B.S., M.S
Junior Consultant
Anand Eye Hospital, Madurai

Through These Eyes



Between the hospital hustle and hesitancy
Where shadows are blurred and clarity alight,
As a resident doing ophthalmology,
Learning to translate darkness into sight.

Thathas and Paatis chewing betel,
A story to tell, in every gaze,
Obscured vision being brutal,
The old crying behind a cloudy haze.

Looking through the slit lamp,
Peering into quiet storms,
Tracing cataracts to revamp,
Glaucoma's thief in subtle forms.

Not every blindness is the same,
Looking into, with a staring glare,
The lens wasn't to blame
For the reason being cells and flare.

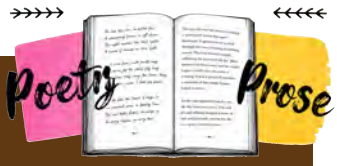
But oh, the power of prevention
and timely care,
A moment's skill and attention
Can save a lifetime of despair.

So, I watch, I learn and listen close,
To every word, to every complaint,
Because behind these fragile eyes
Vision was a big-time constraint.

And when the bandage comes free
And light returns where night once stayed,
That quiet smile, that whispered "I see,"
Is why this poem was ever made.

Dr Sanchanaa Anbalagan
Resident, SVMCH RC

The Silent Thief With A Hidden Threat



The word seemed luminous firstly,
Until he stumbled upon the silent thief unworldly.
As the panorama commenced to shrink,
He sensed the vision to be on the brink.

The colours of life unfold to dwindle,
So were the reflexes and responses subtle.

The nerve bridging the brain and eye turned out to be pale and white,
And so did the days fade into the dark with plight.

The irreversible damage costs once sight,
Don't let glaucoma be the blight.

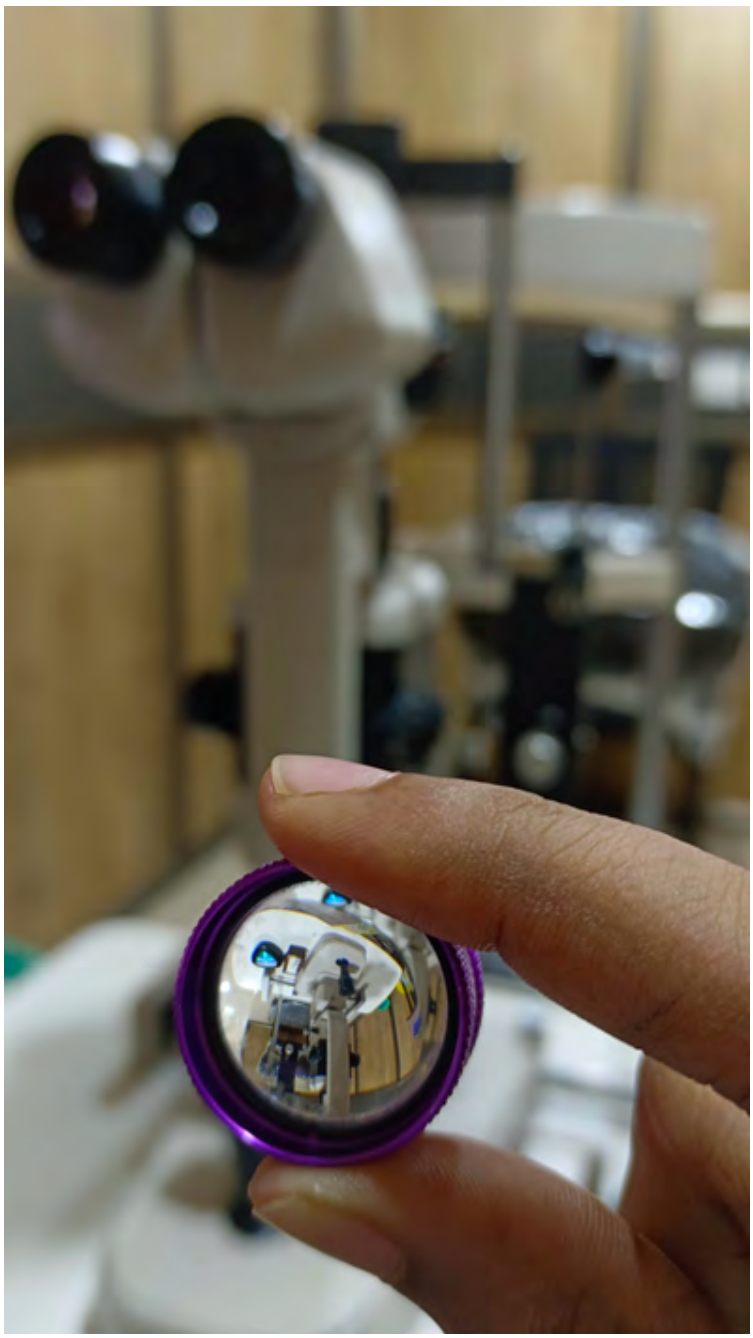
Silent eye pressure rise and field loss serve as a hidden threat,
Imperilling life, the factuality not to forget.

Early checkups and regular follow-ups can save the stealing sight,
Let's act now to save our vision and unite!!

Dr Shaziaa R.B
Consultant Ophthalmologist
Lotus Eye Hospital and Institute
Salem

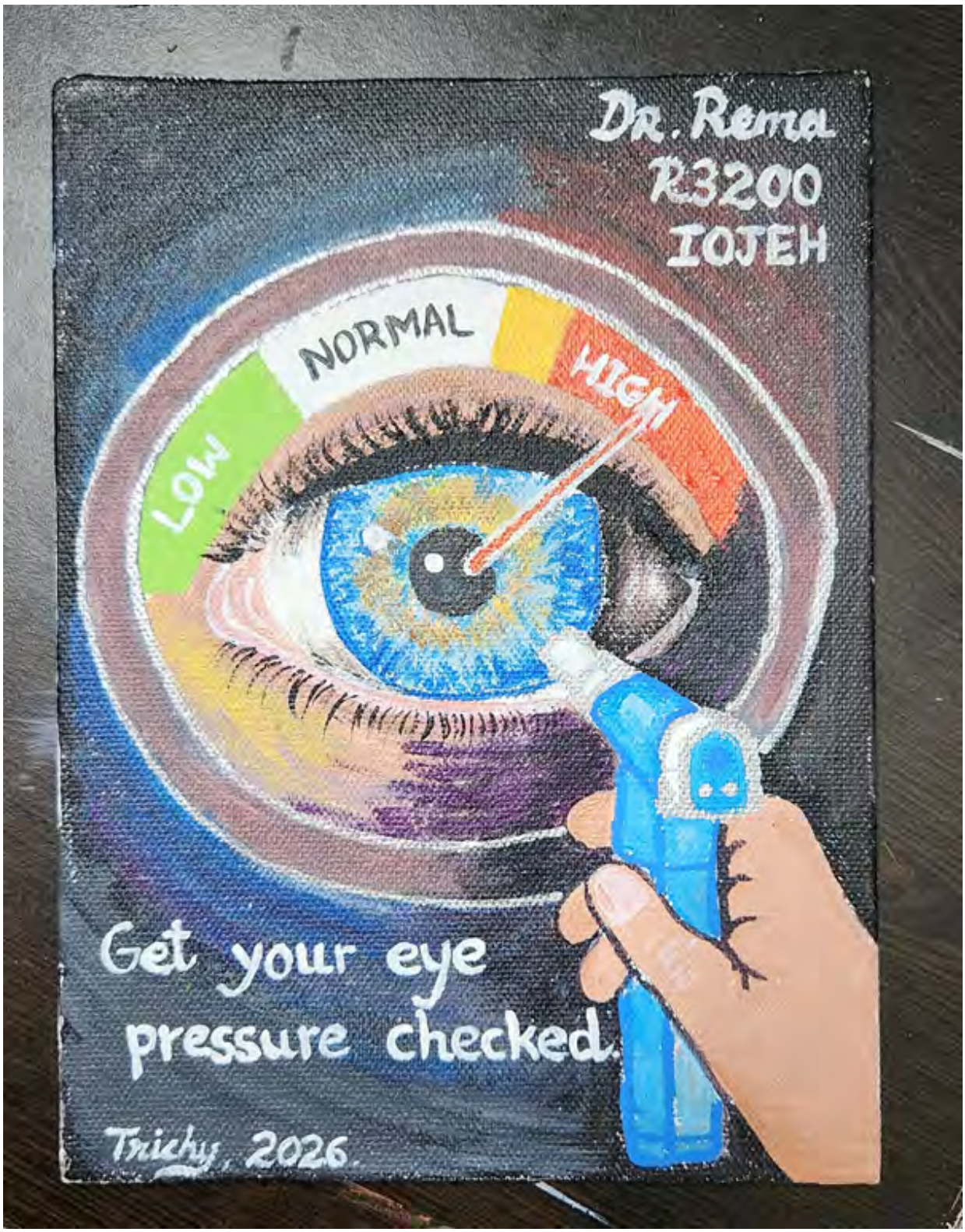
Behind the slit lamp, within the view of a 90D lens and a simple tonometry assessment, lies a quiet revelation—where a routine glance can rewrite destinies.
Glaucoma doesn't knock… it steals vision silently, irreversibly and relentlessly.
A life can be turned upside down, just as symbolically captured in this frame.

Dr Swethaasri Rajasekar
Final Year Resident
Aravind Eye Hospital, Salem



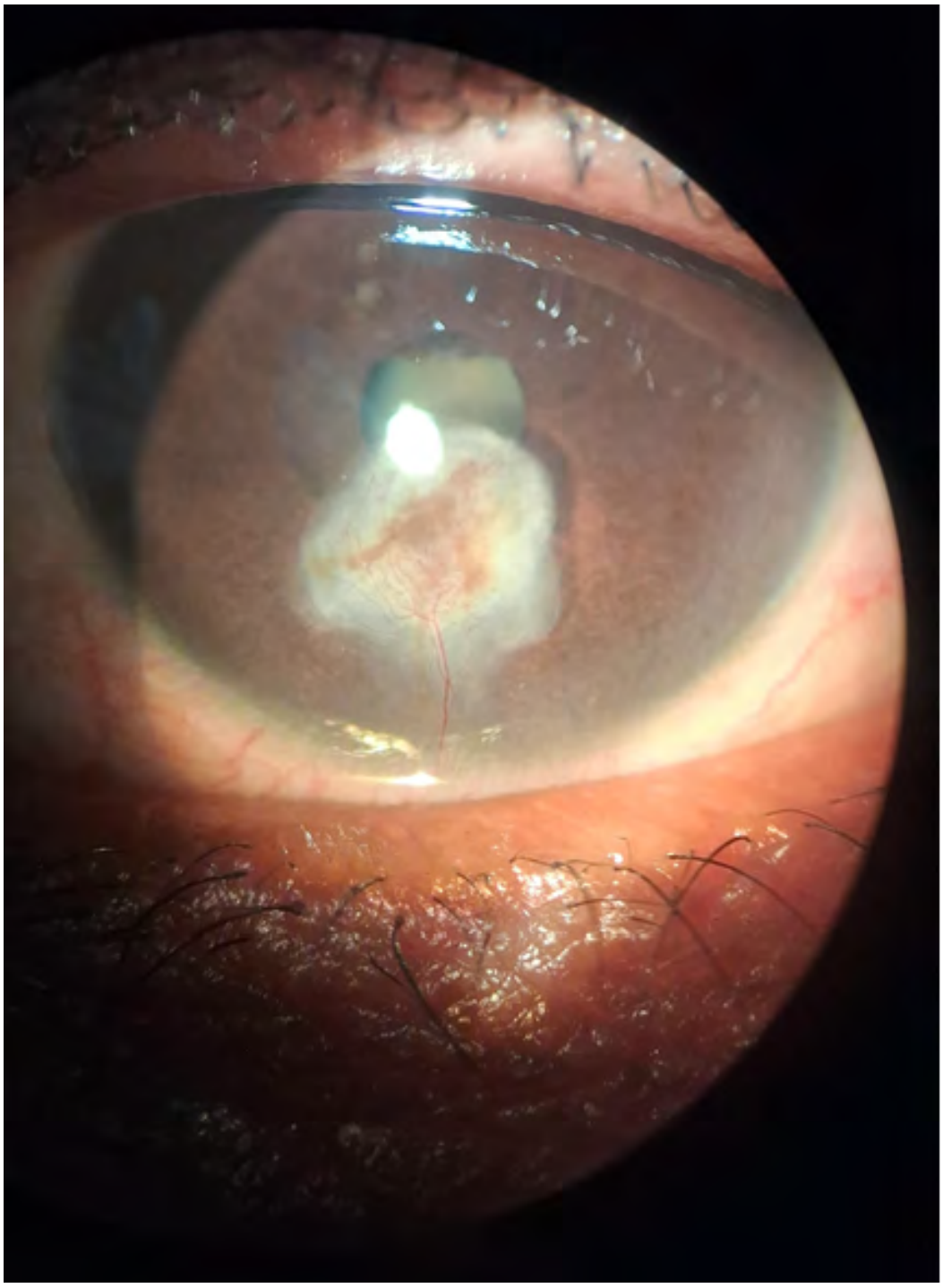
Art Work Illustrating Glaucoma Awareness

Dr Rema Catherine
Joseph Eye Hospital, Trichy

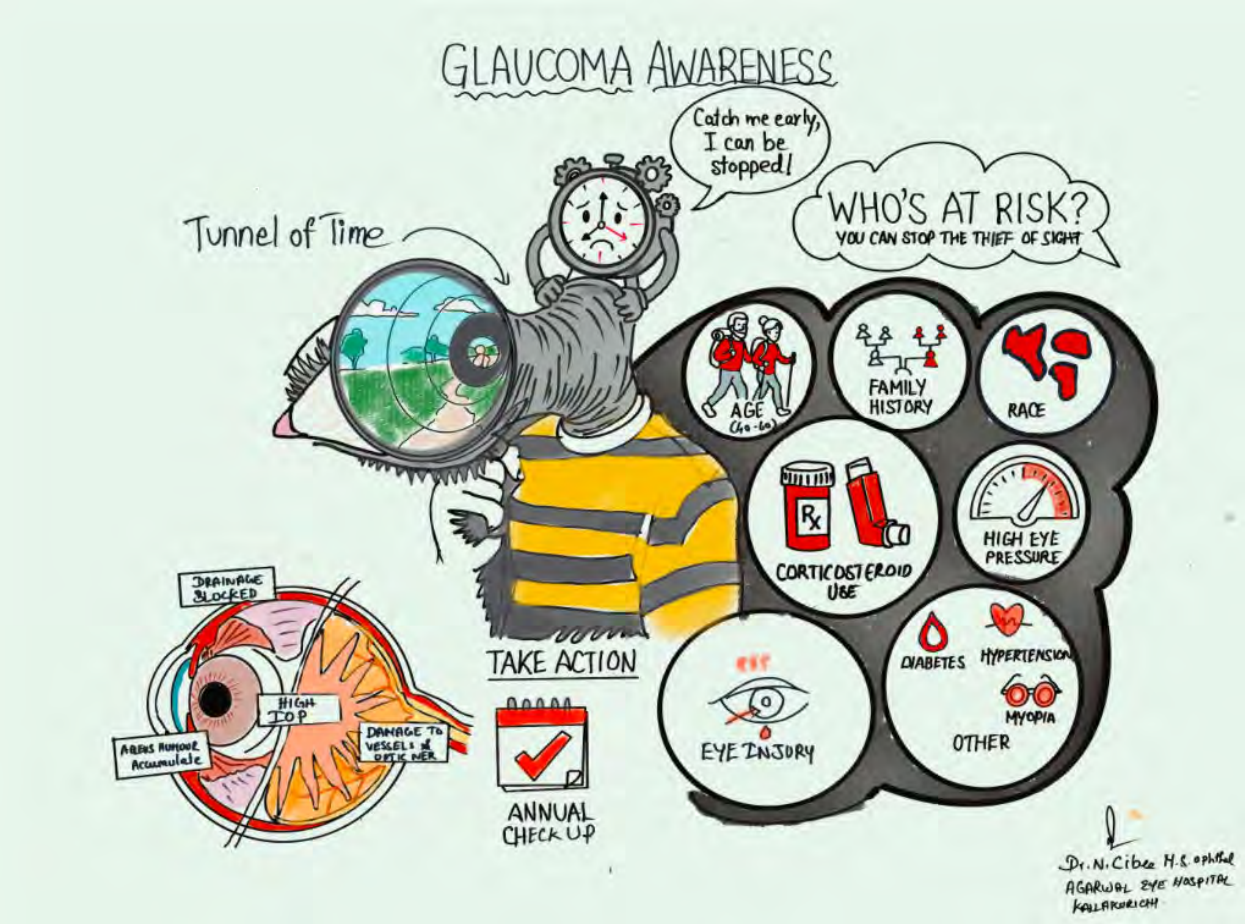


A 50 year old male presented with history of a mild trauma almost a year ago, gradually developed a patchy corneal opacity with a feeder vessel.

Dr Vengdesh Murugan
DNB Ophthalmology PGY3,
Lotus Eye Hospital and Institute,
Coimbatore



Dr Cibee M.S. Ophthal
Consultant
Agarwal Eye Hospital
Kallakurichi



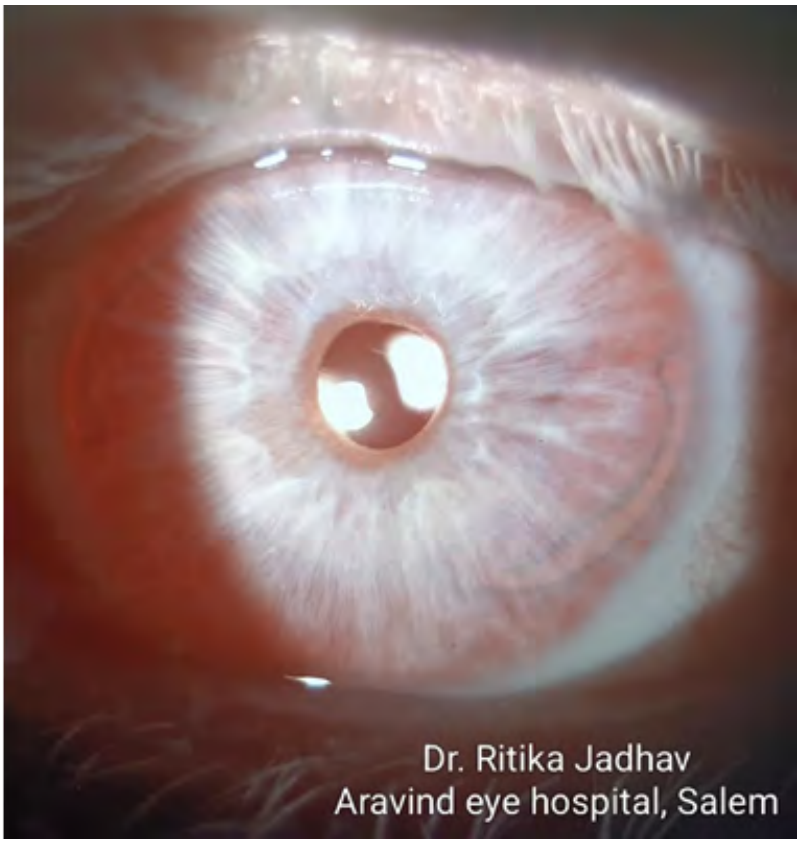
Gonioscopy In Air

Images captured during a flight travel when the horizon resembled the angle of anterior chamber and the nature wholeheartedly gave three different frames which had look-alikes of open angle, closed angle and peripheral anterior synechiae.

Images captured with Vivo V 60 Zeiss lens

Dr Vishnu S
PG Resident (DO)

Dr Ritika Jadhav
Second Year DNB Ophthalmology Resident at Aravind Eye Hospital, Salem



Author: Dr Arthy
Co-author: Dr Sushmitha

We celebrated WGW 2026 glaucoma awareness program in our institution in presence of Prof. Dr M Geethanjali, MD, DCH, Dean of Coimbatore Medical College Hospital along with Dr J Saravanan and Faculty of Dept. of Ophthalmology, Paramedical Staff and UG & PG residents of CMCH, Coimbatore.

List of activities done this week:

1. Public awareness talk in OPD
2.Screening of health care workers
3. CME on glaucoma for UG and PG residents
4. Skit on glaucoma by UG students
5. Quiz on glaucoma for PG residents
6. Distribution of pamphlets to public on awareness
7. Distribution of certificate for winners and participants
8. Spreading awareness on newspapers

Regards,

Dr Saravanan J

Associate Professor, Dept of Ophthalmology, CMCH

Glaucoma Awareness Week 2026
Anand Eye Hospital

Pamphlets have been designed for glaucoma awareness.

Pamphlets have been designed for glaucoma awareness. Pamphlets are distributed in the main areas such as race course stadium, parks, etc. in Madurai

At screening camps, handmade glasses are used to simulate glaucoma-related tubular vision, helping patients understand the visual limitations caused by the disease.

Glaucoma Awareness Week 2026
Anand Eye Hospital

Our team stood in front of the hospital holding placards that read "To see the future clearly," spreading awareness on glaucoma.

Lastly, in our hospital we created awareness posters displayed in our reception area.

A tree has been created by the staff highlighting risk factors of glaucoma.

ACHIEVEMENTS

CELEBRATING MILESTONES.
INSPIRING EXCELLENCE.

RECOGNIZING TODAY.
EMPOWERING TOMORROW.

International Hero
AIOC 2026

Dr Harshal Sahare
MBBS, MS (Ophthalmology), DNB, FICO, FVRS (Best Outgoing Fellow), FAICO, MNAMS

Consultant in Clinical Vitreo-Retina, Uvea and ROP
Dr Agarwal's Eye Hospital, Tirunelveli

Section Editor (Retina)
TJOSR- Official Journal of Tamil Nadu Ophthalmic Association