



خبرنامه تخصصی گروه جراحان پلاستیک و ترمیمی چشم

اسفند ماه ۱۳۹۳ - سال اول - شماره سوم

The 3rd March 2015

سال نو مبارک

بهار فصل رویش است؛ فصل دگرگون شدن و تجربه بهترین احوال. از خدای بزرگ می‌خواهیم عنایتش را شامل حال ما گرداند تا رویش جوانه‌های امید را یکی پس از دیگری به‌نظاره بنشینیم؛ با دوستی و همدلی سال ۱۳۹۴ را آغاز کنیم و با تلاش برای ارتقاء دانش چشم پزشکی کشور و خدمت به مردم عزیز ایران زمین به پایانش برسائیم.



News & Updates:

- Meeting and Workshop های گروه پلاستیک در بیست و یکمین سمینار سالیانه فارابی ۱۶-۱۸

اردیبهشت ۱۳۹۴

1. Pediatric Orbital and Ocular Tumors
2. Hot Topics in Facial Rejuvenation
3. Lacrimal Surgery

Recent Articles:

1. **Meta-analysis of methylprednisolone pulse therapy for Graves' ophthalmopathy**

Researchers in Royal Australian and Newzealand college showed that intravenous glucocorticoid treatment is more effective than oral glucocorticoid with fewer side effects in patients with active Graves' ophthalmopathy. In a metanalysis 8 studies involving 376 patients were included. A higher effective rate was found for patients treated with intravenous glucocorticoids (IVGC) over oral glucocorticoids (OGC). The combined IVGC and orbital radiotherapy (OR) was markedly more effective than OGC+OR. IVGC resulted in an obvious reduction of clinical activity score (CAS) compared with OGC, with a weighted mean difference (WMD) of 0.86. The WMD for the reduction of the CAS between IVGC+OR and OGC+OR was 0.66. IVGC is an effective treatment and cause fewer adverse events. Limiting the total cumulative dose of methylprednisolone, careful patient selection and monitoring the condition of patients during treatment are necessary.

2. **The Natural History of Orbital Cavernous Hemangiomas:**

In this study 104 patients with OCH (Orbital Cavernous Hemangioma) were evaluated in 3 Australian centers. Roughly in one third of the cases OCH was found as an incidental and asymptomatic lesion. In this asymptomatic subset 2/3 did not show any progression over follow up period (1.2-20 years) and in 1/3 needed intervention. Seventy none patients required treatment. A significant number will grow over time and require treatment. The authors could not identify any factor that would predict those lesions that enlarge over time and require treatment. When considering all patients with OCH, both incidentally diagnosed and symptomatic, there were 4 factors that predicted whether someone with an OCH would require treatment. These were maximal linear dimension, male gender, extraconal location (increased risk of requiring treatment), and being an incidental finding (decreased risk of requiring treatment). If an incidental OCH does not change over several years, it is very unlikely to do so in longer periods of follow up.

(The Natural History of Orbital Cavernous Hemangiomas. McNab, Alan A.; Tan, Jennifer S.; Xie, Jing et al. 2015 (31) 79-166.)

3. **Vertical Canaliculotomy With Retrograde Expression of Concretions for the Treatment of Canaliculitis:**

In a retrospective study authors reported their results on vertical canaliculotomy an drainage technique in patients with canaliculitis. On initial diagnosis of canaliculitis, all patients were treated with a combination antibiotic/steroid eyedrop and an oral antibiotic. The procedure was performed 1 month later and consisted of a 2-mm vertical canaliculotomy with sharp-tipped scissors followed by retrograde expression of the canalicular contents by compressing the canaliculus medial to lateral with 2 cotton-tipped applicators. All patients reported significant improvement in their symptoms and were patent to irrigation. They believe that this technique of vertical canaliculotomy with retrograde expression of canalicular contents is effective, limits iatrogenic trauma, and had a low incidence of postoperative complications in this series.

(Vertical Canaliculotomy With Retrograde Expression of Concretions for the Treatment of Canaliculitis. Perumal, Balaji, Meyer, Dale. OPRS (31):119–121.)

If you have any relevant news or comment email at

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