Dr. Hugh R. Taylor succeeded Dr. Bruce E. Spivey as President of the International Council of Ophthalmology (ICO) on April 7, 2014. The official transition of power took place at the 2014 World Ophthalmology Congress (WOC) of the ICO in Tokyo, Japan, April 2-6.

The ICO Board of Trustees elected Dr. Hugh Taylor in January 2013 to be the next ICO President. Prior to becoming ICO President, Dr. Taylor served as the ICO Treasurer, and he is the past ICO Director for Advocacy. Dr. Taylor has also held numerous other leadership positions, such as Vice President for the International Agency for the Prevention of Blindness and for the Asia Pacific Academy of Ophthalmology.

Dr. Taylor founded the Centre for Eye Research Australia, and he is currently leading the Indigenous Eye Health Unit at the University of Melbourne, Australia. In recognition of his service and contributions to the field, Dr. Taylor has received many prestigious honors, including being appointed Companion of the Order of Australia and receiving a Lifetime Achievement Award from the American Academy of Ophthalmology.

Other officers of the ICO Board of Trustees are:
- Dr. Enrique L. Graue Wiechers - Vice President;
- Dr. Abdulaziz AlRajhi - Vice President;
- Dr. Peter Wiedemann - Treasurer;
- Mr. William C. Felch, Jr. - Chief Executive Officer (CEO) and Dr. Bruce E. Spivey – Immediate Past President.
NEWS FROM WORLD OPHTHALMOLOGY CONGRESS, TOKYO 2014

World Ophthalmology Congress (WOC) 2014 took place recently in Tokyo, Japan between Wednesday, 2nd to Sunday, 6th of April 2014.

The conference had nearly 20,000 attendees from all over the world with about 4900 international ophthalmology experts presenting the latest information and over 160 companies and organizations exhibiting their products and services.

There were over 500 sessions with over 2700 oral presentations, nearly 200 video presentations and almost 2000 poster presentations.

During the opening ceremony on Wednesday 2nd April, several leading and deserving ophthalmologists from all over the world were honored by the International Council of Ophthalmology (ICO), Academia Ophthalmologica Internationalis (AOI), and Asia Pacific Academy of Ophthalmology (APAO).

The medals presented and their recipients included the following:

- Gonin Medal, for outstanding work and research– Dr. Alice McPherson;
- Jules François Golden Medal, for ophthalmic work of high scientific quality– Prof. Peter Watson;
- International Duke Elder Medal, for the development of international relations and friendship between ophthalmologists– Dr. Richard Abbott;
- ICO Ophthalmic Pathology Award, for outstanding research in ophthalmic pathology– Dr. Mark Tso;
- ICO Mark Tso Golden Apple Award, for demonstrated innovation or exceptional achievements in ophthalmic education– Prof. Charles McGhee;
- Academia Ophthalmologica Internationalis Bernardo Streiff Gold Medal, for an ophthalmologist who has contributed most—through history, ethics, and education—to the advancement of ophthalmology– Dr. Bradley R. Straatsma;
- Asia Pacific Academy of Ophthalmology Jose Rizal International Medal– Dr. David Chang;
- GOH Naumann Award, for leadership in global eye care– Dr. Ahmed Trabelsi.

Another notable highlight of the program was the Opening Sakura reception that took place on the night of Wednesday 2nd of April.

Nigeria and Africa as a whole were strongly represented with large contingents from OSN and the African Ophthalmology Council (AOC).

On the 3rd of April a reception and dinner was hosted by the AOC in honor of Dr Bruce Spivey (Immediate past president of ICO), Dr Akef El-Maghraby and Dr. Jean-Jacques De Laey (Immediate past Vice-presidents of ICO).

The World Ophthalmology congress (WOC2016) is scheduled to hold in Guadalajara, Mexico, between February 5th and 9th 2016. It would be hosted by the Mexican Society of Ophthalmology and Co-hosted Pan-American Association of Ophthalmology.
RECENT HIGHLIGHTS FROM OPHTHALMOLOGY JOURNALS

- Anti-VEGF therapy may induce macular scarring.
  This analysis of data from the Comparison of AMD Treatments Trial (CATT) shows that scar developed in 45.3 percent by the end of the two-year trial, with 339 of the 480 eyes developing a scar during the first year of treatment. Those more likely to develop a scar had classic choroidal neovascularization, blocked fluorescence on fluorescein angiography, increased retinal thickness, and more fluid or material under the foveal center of the retina. Fibrotic scars developed in 24.7 percent and nonfibrotic scars developed in 20.6 percent. Drug choice, dosing regimen, and genotyping had no impact on scar risk. *Ophthalmology, March 2014*

- Sympathetic ophthalmia responds to high-dose, short-term chlorambucil
  Researchers reviewed outcomes of 16 patients who were treated with chlorambucil at three different institutions. All were treated for a median of 14 weeks, with a median cumulative dose of 1449 mg. All patients were able to discontinue systemic corticosteroids and immunomodulatory therapy completely. Four patients experienced a relapse, occurring at a median of 83 months. Vision improved by a median of two lines (range, 1-7 lines) in the sympathizing eye, and 13 patients maintained vision of 20/40 or better in the sympathizing eye. *Ophthalmology, February 2014*

- Gas tamponade an option in optic disk pit maculopathy
  This prospective study evaluated whether performing only gas tamponade is as effective as performing a vitrectomy with or without gas tamponade in eight patients with macular detachment associated with an optic disk pit. Four out of eight eyes achieved complete retinal reattachment after only gas tamponade, with a mean of 1.8 gas injections. It took 12 months for complete reattachment after the final gas treatment, with no cases of recurrence during the 94-month average follow-up period. Even though gas tamponade alone is unlikely to be effective in all cases, the authors recommend patients be treated initially with intravitreal gas injection. *Retina, February 2014*

- DMEK accelerates cataract formation
  Investigators analyzed one-year outcomes among 49 eyes remaining phakic after Descemet membrane endothelial keratoplasty (DMEK). Consistent with data on other types of corneal transplantation including penetrating keratoplasty and Descemet-stripping automated endothelial keratoplasty, DMEK accelerated the natural rate of cataract formation, with 76 percent experiencing cataract progression. Cataract surgery was performed in 33 percent of these patients. Patients older than age 50 years had a higher risk for cataract progression (P=.0094). *Journal of Cataract & Refractive Surgery, March 2014*

- Preferred sleeping position linked to asymmetric visual field loss
  This large retrospective study evaluated whether asymmetric visual field loss in glaucoma patients can be attributed to their favored sleeping position. Subjects had well-controlled IOP in the sitting position and a difference in mean deviation between the two eyes of at least 2 dB. Among the normal-tension glaucoma patients who preferred side-sleeping, 66 percent favored the worse eye-dependent lateral decubitus position (P = .001), while 71.9 percent of high-tension glaucoma patients preferred the worse eye-dependent lateral decubitus position (P = .013). *American Journal of Ophthalmology, March 2014*

- Acetazolamide as an adjunct to weight loss improves vision in IIH patients
  This randomized, controlled trial included 165 patients with idiopathic intracranial hypertension (IIH) and mild vision loss. All subjects were put on a weight loss plan, with the goal to lose 6 percent of their starting weight. Patients were randomly assigned to receive acetazolamide or placebo. Acetazolamide was dosed at 1 gram daily for the first week and increased by a quarter gram each week, up to 4 grams daily. After six months, both groups had improved scores on visual field tests, but the treated group improved by about twice as much. Acetazolamide also helped reduce swelling of the optic nerve. *Journal of the American Medical Association, April 23/30, 2014*