ISVO EXECUTIVE COMMITTEE

Past president

Simon M. Petersen-Jones... USA

President

Andrea Leber...... The Netherlands

President Elect

Jose Laus... Brazil

Secretary

Maurice Roze... France

Treasurer

Lloyd Helper... USA

Members

Masanobu Fukui... Japan

Bruce Robertson... Australia

Ralph Hamor... USA

IN THIS ISSUE

REPORTS

Mexico City
ISVO/CLOVE Meeting

COMING EVENTS

ABSTRACTS

FROM THE TREASURER
will be a joint meeting with CLOVE, sponsored by Schering Plough, followed by the WSAVA congress. All lectures will be in English and Spanish (simultaneous translation) I am looking forward to seeing you all back in wonderful surroundings. You will find more information in this issue of the globe. Everybody is welcome to contribute with ideas, knowledge and discussions.

See you soon
Andrea Leber

New Editor
From the fall of 2003 Peter Bedford will take over as editor of The Globe. Thus, all future correspondence about the Newsletter should be directed to him. Peter’s e-mail address is: Pbedford@rv.c.ac.uk
His snail mail is:
The Royal Veterinary College,
Hawkshead Lane,
Hatfield,
Herts. AL9 7TA
U.K.

Dear ISVO members

We need your input to get an interesting Globe. Please send me any information about ophthalmological happenings in your country, interesting events or case reports. It is also most essential that you get your Globe and we have been struggling to get an email circulation list together. If your address is incorrect or you did not receive a copy then forward your email address to Maurice Roze as soon as possible.

Editor.
Thanks to Ellen Bjerkas

We would like to thank Ellen Bjerkas for the wonderful work she has done with producing The Globe. Often she had to write everything herself. She put a large amount of effort and time in to give us interesting information over ophthalmology subjects. She had her eyes and ears all over the world. We wish her good luck with her work as President of the ECVO.

Treasurer's report

Since the ISVO is a member of the WSAVA, ISVO members have any advantage the WSAVA affords it's members for their meeting registration.

Since there hasn't been a globe since the one following the Cambridge meeting in June 2003, the ISVO executive committee has voted to update everyone's membership for one year. If your dues were due Jan. 1, 2004, your address label will be updated to 1/05. We won't get this accomplished in time for the labels for this issue, but if your label displays 1/04, you can assume it will be changed to 1/05. If your label reads 1/03 or earlier, you do owe dues.

I refer you to the "Note from the Treasurer" on the back of this issue for further information. I won't be sending dues notices until after Jan. 1/05.

Please send news and other items for the Globe to Prof. Peter Bedford at his email address pbedford@rvc.ac.uk, or mail address found also here in this issue.* Please let's get items to Peter, so he can get the publication of the Globe back on track.

Thanks, Lloyd D. Helper, Treasurer ISVO

ISVO/CLOVE Meeting 2005

The 2005 ISVO meeting will be held as a premeeting to the WSAVA congress in Mexico City and as a joint meeting with CLOVE, the Latin American College of Veterinary Ophthalmology. All lectures will be in Spanish or English with simultaneous translations. The ISVO meeting will take place 9th and 10th of May 2005 at the Banamex Convention Center in Mexico City. More information will be available at the web page: www.clov.org.

E-mail contact for Spanish speaking participants: Daniel Herrera
hdh@fvet.uba.ar
for English speaking: Andrea Leber
debereve@home.nl.

See also call for papers at the end of this issue of the globe.

THE ACVO MEETINGS
The next meeting will be held in Washington DC in October
Information can be obtained on the ACVO homepage: www.acvo.com

FUTURE ESVO/ECVO MEETINGS
2005: June: Portugal
2006: June: Belgium
2007: June: Poland

For information see the ESVO homepage
www.esvo.org or on the ECVO homepage
www.ecvo.org
FUTURE CLOVE MEETINGS

9th AND 10TH OF MAY 2005: JOINT MEETING WITH ISVO IN MEXICO CITY

WSAVA Congress 2005
Will be at the Banamex Center in Mexico City, 11th –15th of May 2005 directly after the ophthalmology meeting from CLOVE and ISVO

USEFUL ADDRESSES FOR CONTINUING EDUCATION COURSES:
European School for Advanced Veterinary Studies: www.esavs.net
Continuing education courses in the United Kingdom: www.bsava.com
Papers, Journals and information about meetings: calendar@ivis.org

Very nice home page in German:
www.augentierarzt.at

NEWS FROM CLOVE

My name is Daniel Herrera, Professor of Ophthalmology at the University of Buenos Aires, Argentina and President of the Latin American College of Veterinary Ophthalmologists (CLOVE). The CLOVE was founded 3 years ago and we are working to be recognized as having a similar professional standard than the ACVO and ECVO.

Last CLOVE meeting was in Rio de Janeiro (Brazil) on August 2003. We had 150 people attending, speakers from Brazil, Argentina, Mexico, Uruguay, USA and France. Topics were: feline herpes virus, cataract surgery, ocular tumors, ultrasonography, fluorescein angiography, equine ocular diseases, keratoconjunctivitis sicca.

From the congresses

VOK had its annual congress in Salzburg on the 18th and 19th of September. Several members of the ISVO helped making this event a success. Ophthalmologists from Canada, England, Switzerland, Netherlands and Austria have been lecturing to the Austrian veterinarians about Ophthalmology. Salzburg greeted us with wonderful weather, Salzburger Nokkerl and a beautiful countryside.

Maurice Roze, Atschi Fellner, Peter Bedford and Andrea Leber (from left to right)
The joint ECVO/ESVO/DOK meeting

The meeting was held in Munich, June 2004. It was a very successful event, with oral and poster presentations. Delegates came from all over the world and enjoyed some days with beer and white sausages in very friendly surrounding.

A few selected papers have been included in this issue of The Globe:

Canine zygomatic adenitis
Allgoewer I.1, Jurina K.2, Stockhaus C.2
1Animal Eye Practise, Spanische Allee 4, 14129 Berlin, Germany
2Small Animal Clinic Haar, Keferloher Strasse 25, 85540 Haar, Germany

Purpose
Ten clinical cases of zygomatic adenitis with and without cystic inclusions, their clinical signs, results of further diagnostics, treatment and outcome are reviewed.

Methods
Different breeds were affected (Golden Retriever, Basset, Munsterlander, German Sherpherd, Boxer, Old English Sheepdog, ShiTzu, Poodle, Irish Setter). Age at presentation ranged between four and twelve years (mean 7 years). Six male dogs, one castrated male and one female were affected. Diagnostics included ophthalmic, oral and general examination (n=10), ocular sonography (n=10), orbital fine needle aspiration biopsy (FNAB, n=10), surgical biopsy (n=2) and magnetic resonance tomography (MRT, n=5).

Results
Clinical signs at presentation were indicative of orbital disease and included exophthalmus (n=9), enophthalmus (n=1), periocular swelling (n=10), protrusion of the nictitans (n=10), conjunctival swelling and congestion (n=10), limited retropulsion of the globe (n=9), pain upon chewing and opening the mouth (n=10). Moreover salivation to a variable degree or increased swallowing frequency were prominent signs observed by the owners. In all dogs the excretory duct of the zygomatic gland in the region of the upper fourth premolar tooth was distended. Saliva of high viscosity could be flushed out of the duct. Sonography further confirmed orbital and periorcular disease. FNAB revealed inflammatory cells in all cases. On MRT the area of the zygomatic gland was imaged in a supreme quality. Inflammatory signs were obvious in all five cases examined by MRT, cystic inclusions were demonstrated in three dogs. Three cases clearly showed bilateral involvement of the zygomatic gland on MRT even though clinical signs were strictly unilateral. Treatment included systemic NSAIDs and broad-spectrum antibiotics as well as retrograde flushing of the zygomatic duct with acetylcysteine. In cases with marked exophthalmus antibiotic ointment was used topically to prevent exposure keratitis. Rapid clinical improvement was seen in all cases within the first three to five days. Only one case relapsed within the first year but resolved upon institution of the initial treatment.

Conulsion
Zygomatic adenitis presents with rather uniform clinical signs. It can be treated successfully with medical treatment only which ameliorates the adenitis. Flushing of the duct may aliviate excretion of the viscos saliva obstructing the duct. Invasive surgical intervention as mentioned in the classic literature does not seem to be necessary.

International Veterinary Ophthalmology Meeting - ECVO-ESVO-DOK, Munich - 2004

Primary lymphoma of the upper eyelid conjunctiva in a dog

Vascellari M.1, Mutari D.2, Mutinelli F.1.
1Istituto Zooprofilattico Sperimentale delle Venezie, via Romea 14/A, 35020 Legnaro, Padova, Italy
2Ambulatorio Veterinario, via Donatori del Sangue, 1, 31020 Fontane di Villorba, Treviso, Italy

Case Report
A 4-year-old, male Siberian Husky dog was referred for evaluation of a large smooth red mass located on the upper eyelid in the right eye. Initial ophthalmic examination revealed epiphora, irritation and blepharospasm. The red mass (1.5-3 cm) extended from the conjunctiva of the upper eyelid to the anterior
surface of the third eyelid. Fine needle aspirate of the mass was done and cytologic impression was reactive lymphoid hyperplasia. Neither lymph node involvement nor metastatic lung or liver diseases were demonstrated.

Treatment
After anti-inflammatory and antibiotic treatment, surgery was performed and the mass completely removed. Follow-up was well after 12 months post surgery and there was no evidence of neoplasm recurrence.

Conclusions
A case of epitheliotropic lymphoma (mycosis fungoides) of the conjunctival mucosa was already described in an 11-year-old Irish Setter, but the case now presented (MALT lymphoma) is completely different as clinical form, prognosis and incidence. It is unusual both for the primary conjunctival presentation, and the clinical course after surgery. The lymphoid proliferation did not invade the conjunctival epithelium. The immunohistochemical findings were suggestive of T cell lymphoma; mitotic figures were frequent. Lymphoid tumors of the conjunctiva are extremely rare in humans and can appear as an isolated neoplasm or as part of systemic disease. In dogs, cats and cattle multicentric lymphoma often involves the eye or retrobulbar space, while ocular extranodal presentation of lymphoma is rare. Nevertheless, to authors’ knowledge, this is the first report of primary conjunctival MALT lymphoma in a dog.

International Veterinary Ophthalmology Meeting - ECVO-ESVO-DOK, Munich - 2004

Schirmer tear test and corneal sensitivity in the normal guinea pig

Stadtbäumer K.¹, Skalicky M.², Nell B.¹
¹Department of Small Animals and Horses, Clinic for Surgery and Ophthalmology, University of Veterinary Medicine Vienna, Veterinärplatz 1, 1190 Vienna, Austria
²Department of Natural Sciences, Institute of Physiology, University of Veterinary Medicine Vienna, Austria

Purpose
To establish reference values for STT I and II and determine the corneal sensitivity for normal guinea pigs

Methods
36 Duncan-Hartley guinea pigs of both genders (18 males, 18 females) with 2.5 years of age were used in this study. The initial ophthalmic examination including slit lamp biomicroscopy and indirect ophthalmoscopy revealed normal findings apart from nuclear cataracts in six guinea pigs. First Schirmer Tear Test (STT) I and then STT II (1 drop of oxybuprocaine (Novain 0.4% Augentropfen®, Agepha, Austria), one minute later drying and measurement) were performed with 35 x 5 mm commercial tear test strips (Schirmer-Tränentest®, Vetoquinol, Austria) in both eyes (n = 72). In cases in which the amount of tears was too small to reach the notch (meaning STT values smaller than 0 mm) the distance from the notch to the point where the strip was moistened was measured. Corneal sensitivity was determined by evaluating the corneal touch threshold (CTT). In 23 guinea pigs (6 male; 17 female) corneal sensitivity of five different regions (central, nasal, dorsal, temporal, ventral) was measured with the Cochet-Bonnet esthesiometer (Luneau Ophthalmologie, Chartres Cedex, France). Starting with the length of 6 cm the nylon monofilament length was decreased at 0.5 cm increments until the guinea pig showed a consistent corneal blink reflex (60 % positive of a minimum of 5 attempts). To verify if there is a significant difference between the mean values of the left and right eye in STT I and STT II and if there is a difference of the mean values of STT I and STT II paired test was performed. To determine if there is a significant difference within the sensitivity of the different corneal regions the Anova and the Duncan- test were performed. A level of significance of 0.05 was established for all analyses.

Results
Mean STT I value ± standard deviation (SD) was 0.36 mm ± 1.32 mm and mean STT II value ± SD was 0.43 mm ± 1.69 mm. There was no significant difference between the mean STT I and mean STT II (p = 0.79). The corneal sensitivity was central significantly
higher than in the four limbal regions. The CTT was central 1.95 cm ± 0.53 cm, nasal 1.54 cm ± 0.58 cm, dorsal 1.49 cm ± 0.64 cm, temporal 1.43 cm ± 0.55 cm and ventral 1.58 cm ± 0.6 cm.

Conclusions:
Because there are no significant differences between the STT I and STT II the reflex tear secretion in the guinea pig might not exist. The most likely explanation is a lower corneal sensitivity in the guinea pig compared to other species like cats, dogs and horses.

International Veterinary Ophthalmology Meeting - ECVO-ESVO-DOK, Munich - 2004

---

**Effect of topical aminocaproic acid for the treatment of nonhealing corneal epithelial defects in dogs**

Regnier A., Cazalot G., Cantaloube B.
Ophthalmology Unit, Department of Clinical Sciences, National Veterinary School, 23 chemin des Capelles, 31076 Toulouse, France

**Purpose**
Proteolytic activity due to plasmin has been documented in the tear fluid of dogs with persistent corneal epithelial defects (PCEF) and may contribute to a delay in corneal epithelial healing. Plasmin inhibitors, including aprotinin and polysulfated glycosaminoglycan, have been previously evaluated as potential treatments of PCEF in the dog. The clinical efficacy of epsilon aminocaproic acid (EACA), another antiplasmin agent that was reported to decrease the incidence of PCEF in a rabbit model, was evaluated in this retrospective study.

**Methods**
Medical records of dogs diagnosed with nonhealing corneal epithelial ulcers between October 1997 and March 2003 were analysed. The diagnosis was based on the presence of a corneal epithelial defect for more than 10 days with no apparent underlying cause. At initial examination, epithelial debridement of nonadherent epithelium was performed in all eyes, by removing the loose epithelium with sterile cotton-tipped swabs under topical anaesthesia. In 34 eyes (28 dogs), additional treatment consisted in topical application of a 35.7 mg.mL-1 EACA ophthalmic solution (Hexalense®, Ioltech) three times daily (EACA treatment group). Seventeen eyes (16 dogs) that had only received a 3 mg.mL-1 ophthalmic solution of gentamicin in addition to the epithelial debridement were included to serve as the control treatment group. Following initiation of treatment, clinical assessments were made at weekly intervals for a maximum of 3 weeks.

**Results:**
The two treatment groups had approximately the same breed distribution, and there was no statistically significant differences (P > 0.05) between the treatment groups for age, gender, side affected and duration of corneal erosion. Results showed that in the EACA treatment group, 41.2% of the persistent epithelial defects healed within one week and an additional 29.4% healed during the second week of therapy compared with 11.8% and 11.8% respectively in the control treatment group. At the end of the follow-up period (day 21), the overall cure rate was very significantly higher (P = 0.0001) in the EACA treatment group (32/34 = 94.1%) than in the control treatment group (7/17 = 41.2%). No adverse drug reactions were observed during the treatment periods.

**Conclusions:**
This study suggests that topical EACA may have a beneficial effect in the management of idiopathic corneal epithelial defects in dogs, and indirectly confirms that the plasminogen activator-plasmin system, which is inhibited by EACA, may be involved in the pathogenesis of this disease entity in the dog.

International Veterinary Ophthalmology Meeting - ECVO-ESVO-DOK, Munich - 2004

---

**Bilateral immune-mediated idiopathic ulcerative keratitis in a Siberian Husky**

Heim U.
Tierärztliche Klinik, Strudelweg 48, 90765 Fuerth, Germany
Purpose:
Case report of a Siberian Husky with idiopathic bilateral steroid-responsive deep corneal ulcers. A description of clinical manifestations and laboratory findings is presented.

Methods:
We observed a 1.5-year-old female Siberian Husky with bilateral circumferential deep corneal ulcers over a period of 3.5 years. Complete physical and ophthalmic examinations as well as routine blood tests were performed. Medical treatment included topical applications of antibiotics, atropine and systemic administration of anti-inflammatory drugs. A third eyelid flap was performed. Histological examination of corneal and conjunctival biopsies were carried out at the Department of Veterinary Ophthalmology, University Zürich, Switzerland and the Department of Ophthalmology and University Eye Hospital, University Erlangen-Nuremberg, Germany. Due to the histological diagnosis topical immune-suppressive therapies with ciclosporin A and dexamethason were tried subsequently. In addition we collected blood samples for immunological tests and swabs for the detection of bacterial, viral or fungal infections.

Results:
Corneal and conjunctival biopsies revealed a lymphoplasmatic cell infiltrate. Microorganisms were not detectable in aerobic, anaerobic cultures and light microscopy. The serum titre of antinuclear antibodies was 1:100. Normal values for IgG and IgM but reduced IgA concentrations were found. Broad-spectrum antibiotics had scarcely influenced on genesis and healing of corneal ulceration. Medical management with topical administration of ciclosporin A was not successful. But topical immunosuppression with dexamethason was proved to be highly effective.

Conclusions:
The histological appearance of corneal and conjunctival lymphoplasmatic infiltration, the absence of microorganisms and the favourable response of corticosteroids proposed an immune-mediated pathogenesis of the corneal ulceration.
A Note from the Treasurer

Don't forget to renew your ISVO membership! If you get this issue of The Globe by regular mail, please take a minute to note the date on your address label. A date of 1/03 or earlier means your dues are due. Those who get an electronic version of The Globe will be reminded by e-mail. The form below can also be used for corrections or for a new membership. You may now use VISA or MASTERCARD, or you can still use a check drawn on a US bank, payable in US currency or US cash. Some find it convenient to purchase a $20.00 bill (US) and enclose it instead of a check. Most members have been quite good at sending dues. It has saved us time and the ISVO money. We appreciate your attention to keeping your dues current.

Note to ACVO members:
The American College of Veterinary Ophthalmologists recently decided not to continue paying the ISVO dues of active ACVO Diplomates from the dues they pay to ACVO. To continue your ISVO membership, please use the form below.

I am paying dues of: $20 for 2 years_______ $10 for 1 year_______

by: Check drawn on a US bank in US currency___, cash___, VISA*___, MASTERCARD*___

Card number: ____________________________, Expiration Date _____________

Cardholder's name (PRINT) _____________________________

Cardholder's signature ____________________________________________

* Please note: If paying by credit card, you must mail (SNAIL MAIL) or FAX with your signature. (E-mail not accepted). Thanks!

Name in full: ____________________________

Last __________ middle initial __________ First __________

Address: ______________________________________________________

_____________________________________________________________

Country __________________________ Phone __________

Fax __________ E-mail __________

Please send to: Lloyd C. Helper, 1201 White Oak Court, Fort Collins, CO 80525, USA
FAX: 970-282-0621. E-mail: jandlh@comcast.net

Address change: Please send information to Dr. Maurice Roze, 64 Boulevard Barry, 13013 Marseille, FRANCE. E-mail: rozemaur@aol.com.

Veterinary Ophthalmology
Publisher: Blackwell Science Ltd. Professional Marketing Dept. Osney Mead, Oxford OX2 0EL, UK
Fax +44 (0)1865 206219. You can subscribe via e-mail on www.blackwell-synergy.com.
Call for papers

Combined Meeting of CLOVE and ISVO
Mexico City 9th of May and 10th of May 2005 as a premeeting to the WSAVA-Congress

- two days of scientific papers and free communications
- all lectures will be translated simultaneously to spanish
- Case reports (10 min.) and posters are welcome
- Time for oral presentation of papers is 20 min. incl. discussion

Please supply the following information regarding your paper(s), case reports or poster(s):
I will submit following paper ☐ or poster ☐ or case report ☐

Author(full name and address incl. e-mail)

Title of paper:
Abstract:

I will do the presentation in Spanish ☐ in English ☐
Please return by e-mail in word format to: lebereye@home.nl. Deadline for paper submission is March 1st 2005.