



# 19th Annual Conference of Vitreo Retinal Society - India

December 2 - 4, 2010  
Mysore

**Abstract Book**

Organized by



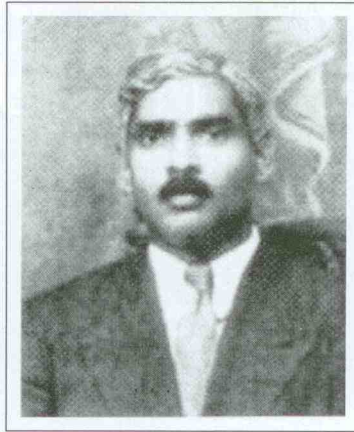
Karnataka Ophthalmic Society





5

**Dr. S. Nataraja  
Pillai Oration**



**Dr S Nataraja Pillai**  
(1900 – 1974)

Dr Subramaniyan Nataraja Pillai was born in March 1<sup>st</sup> 1900 and studied at St. John's College, Palayamkottai, Thirunelvely District. He was trained by Col. Wright (authority on Tropical Ophthalmology and who started Museum in Ophthalmology).

He was blessed with two sons, two daughters and 14 grand children. He represented College Hockey Team, did L. M. P. Course at Tanjore Medical School, joined Medical Service as Sub assistant Surgeon in Thirunelvely in the earlier period. As per British rule, one has to serve 3 years (1.5 years jail duty and 1.5 years Agency duty) and he will be posted at his native place during the last five years of service. He therefore served all the three years of service as agency duty at Boipariguda in Koraput, Garjam. Dt. (Orissa), which was in Madras Presidency. He had great interest in hunting.

After the Agency duty, he was posted as Sub-assistant Surgeon at GOH in 1938 as a Pathologist. He studied and got L. O. in 1939 and continued to serve in all the departments of GOH till 1943. He worked in Govt. Erskine Hospital, Madurai from 1948 to 1951 and then continued private practices till his demise at Madurai. He was one of the pioneer to do eye camps at Virudhu Nagar and Dindugal with the help of TVS family. He was a member of Lion's Club and worked as a Hon. Magistrate for two terms.

Oraters awarded the "Dr. S. Nataraja Pillai Oration" in the past

- 2001 **Dr Neil E. Kelly**  
The Retinal Consultant Medical Group  
Redding Ophthalmology Group  
California, USA  
**Topic:** Genesis, Evolution & Revolution of Macular Hole Surgery
- 
- 2003 **Prof. Suresh Chandra**  
Clinical Professor of Ophthalmology,  
University of Wisconsin, USA.  
**Topic:** Update in Macular degeneration
- 
- 2005 **Dr John R Heckenlively**  
Paul R Lichter Professor of Ophthalmic Genetics,  
Director, Visual Physiology Lab,  
Kellogg Eye Center,  
University of Michigan, Ann Arbor, MI  
**Topic:** Autoimmune Retinopathy, CAR and MAR Syndromes
- 
- 2006 **Dr Vinod Lakhnpal**  
Baltimore, USA  
**Topic:** Prevention and Management of Massive Suprachoroidal Hemorrhage
- 
- 2007 **Dr Baruch D. Kuppermann**  
Department of Ophthalmology  
University of California, Irvine  
118 Med Surge I  
Irvine, California  
**Topic:** Ocular Drug Delivery Systems and their Clinical Implications
- 
- 2008 **Dr Frank Koch M. D.**  
University Eye Clinic Frankfurt am Main  
Theodor-Stern-Kai 7  
60590 Frankfurt am Main  
Germany  
**Topic:** "Intrectomy" a true cost effective 23 G sutureless PPV approach
- 
- 2009 **Prof. Dr med. Claus Eckardt**  
Städtische Kliniken Frankfurt am Main – Höchst  
Gotenstraße 6 – 8  
65929 Frankfurt am Main, Germany  
**Topic:** Micro-incision Vitrectomy Surgery

## The Dr. S. Nataraja Pillai Oration - Prof. Jerry A Shields MD

### What's new and interesting in intraocular tumors

This presentation covers some new and interesting aspects of selected intraocular tumors including choroidal melanoma, retinoblastoma, astrocytic hamartoma, tumors of the retinal pigment epithelium uveal leiomyoma, melanocytoma and retinal vasoproliferative tumor.

Concerning choroidal melanoma, many cases are being recognized where small tumors exhibit metastatic disease. Since all choroidal nevi cannot be treated, risk factor for eventual tumor growth and metastasis have been recognized and are being used at most centers. Hence small tumors that show these risk factors are being treated earlier. Enucleation is still used for most very advanced uveal melanomas but transpupillary thermotherapy, plaque radiotherapy and local tumor resections are used for less advanced tumors. Although the Collaborative Ocular Melanoma Study randomized only selected melanomas for enucleation or plaque radiotherapy it did not consider randomization for a large cohort of patients, many of whom underwent unnecessary enucleation. For example, it was not realized that brachytherapy could be used for selected juxtapapillary melanoma, ciliary body melanoma, diffuse iris melanoma, extra large melanoma and melanoma with extraocular extension. Recent innovations in cytogenetics of uveal melanoma have improved our ability to estimate the prognosis of patients with uveal melanoma.

Concerning treatment of retinoblastoma, there is an increasing trend to avoid enucleation and external beam irradiation when possible and to employ more conservative methods of treatment like systemic chemoreduction, transpupillary thermotherapy, cryotherapy and radioactive plaque brachytherapy. Techniques of intra-arterial chemotherapy into the ophthalmic artery is being used cautiously in selected cases but this technique is currently source of controversy.

