

## Abstract 80

### GOING AGGRESSIVE ON TACKLING AROP! HOW AGGRESSIVE WE SHOULD GO?

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Tackling AROP can be challenging and the course can change at any time. Authors would like to share their experience and challenges faced by them in handling 17 cases of AROP.

The study was conducted at a tertiary care centre. All the preterm babies undergoing screening for ROP were included in the study. Both in-born and out born babies were included. Over the past 3 yrs we have screened around 890 pre-term babies for ROP. 17 babies were found to have Aggressive ROP. All were treated with anti-VEGF( Ranibizumab) injection followed by laser. 15 babies had responded well to the treatment.

Method:

Over the past 3 yrs we have screened around 460 pre-term babies for ROP. 17 babies were found to have Aggressive ROP. All were treated with anti-VEGF( Ranibizumab) injection followed by laser. 15 babies had responded well to the treatment. One case was found to have developed a retinal break in one eye during follow up for which buckling was done which was removed later. But one case deteriorated after anti-VEGF injection and laser for which LSV was done. But the disease reappeared in the operated eyes. We could stabilize one eye with repeat anti-VEGF injection while the second eye deteriorated

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AROP can behave differently in different babies. We have noticed that among the twin babies, one child remaining absolutely normal while the other child developing aggressive ROP. We would like to know from the experts that what differently could have done to save the eye which got deteriorated even after taking all the measures.

1. Aggressive posterior retinopathy of prematurity: a review on current understanding. Eye (Lond) . 2021 Jan 29;35(4):1140–1158.
2. Primary and additional treatment preference in aggressive retinopathy of prematurity and type 1 ROP. BMJ Opth.2023;8(1).