

# Honoring Visionary Voices: Reflections from the Named Award Lectures at the Lahore Ophthalmology Conference

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Since the establishment of the Ophthalmological Society of Pakistan (OSP), ophthalmology conferences have been held across the country to provide a crucial forum for academic exchange, professional growth, and the improvement of eye care. Ophthalmologists from all over the country and overseas come together to promote cooperation, highlight regional research, and encourage the adoption of international best practices in clinical and surgical ophthalmology. Lahore conference of 2024 was a continuum of such conferences. One of the many distinguished features of the Lahore conference was the Named Award Lectures which were delivered by eminent ophthalmologists who have made extraordinary contributions to patient care, research, and education. This editorial draw inspiration from the thought-provoking ideas, clinical wisdom, and future-oriented perspectives shared during these prestigious lectures at Lahore Ophthalmology 2024.

In adapting the content of these lectures into this editorial, my aim is to extend their impact beyond the conference halls to offer our readers the insights that continue to shape the ophthalmic practice Pakistan. The lectures delivered by national speakers were featured as guest editorials in Issue 41(3) of the Pakistan Journal of Ophthalmology.<sup>1-3</sup> The current issue presents lectures from distinguished international speakers; Karl Golnik, Harminder Dua, Christopher Liu and Hugh Taylor.

**Syed Ali Haider Memorial Lecture, OSCARS in Ophthalmology** was delivered by Karl Golnik. The lecture highlighted the importance of competency-based education (CBE), to assess practical skills and real-world performance rather than the theoretical knowledge. The traditional assessment methods have inherent limitations especially in terms of assessing

clinical and surgical competence. To address this issue, Ophthalmology Surgical Competency Assessment Rubrics (OSCARS) were introduced.<sup>4</sup> These are structured and evidence-based tools which are developed through international collaboration with expert cataract surgery trainers. Their strength is to provide step-by-step evaluation of surgical procedures with clearly defined performance levels and behavior-based descriptors, enabling objective, transparent, and reliable workplace-based assessments. Golnik aligned this approach with Miller's Pyramid, focusing on the "does" level, which reflects actual performance in clinical settings. He concluded by commending Pakistan for its pioneering role in adopting CBE and integrating OSCARS into residency training, noting that the country has outpaced several high-income nations in systematically implementing these advancements in ophthalmic education.

**Wasif M. Qadri memorial lecture, "paradigm shifts in our understanding of corneal pathology: what we have missed so far"?** was presented by **Harminder Dua** who is renowned for his contributions to corneal disease. His lecture was based on the clinical and surgical relevance of the pre-Desemet's layer also known as Dua's layer, or PDL. The discovery of this layer has revolutionized the understanding in corneal pathology, particularly in conditions such as Desemet's membrane (DM) detachment, intra-corneal hypopyon, and acute corneal hydrops.<sup>5</sup> Using ultra-high-resolution OCT imaging, it was found that many detachments which were thought to involve only the DM include the PDL. This led to the new classifications involving the bubble types seen during deep anterior lamellar keratoplasty (DALK). Type 1, Type 2, and mixed detachments carry distinct surgical implications, particularly in predicting the success of procedures like pneumo-descemetopexy and DMEK.<sup>6</sup>

He emphasized that scroll behavior during DMEK is influenced by the structural properties of the PDL-DM complex, and that adjusting graft shape by using

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vertically oval grafts can help manage scarring formation and improve surgical handling. Dua also outlined the role of the PDL in the pathogenesis of several corneal disorders. In fungal keratitis and intracorneal hypopyon, for example, the PDL-DM interface creates a potential space that may harbor infection. In keratoconus and hydrops, damage to both PDL and DM contributes to the pathology, and elastin degradation in the PDL may explain early disease progression. In descemetocoele and peripheral ulcerative keratitis, the involvement of PDL alters both management and prognosis which highlight its structural and pathological importance.

Dua also discussed the biomechanical significance of the PDL, which extends into the trabecular meshwork and may influence intraocular pressure regulation. The regional variation in PDL stiffness could contribute to conditions such as Haab's striae in congenital glaucoma and impact outcomes in corneal and refractive surgery. Concluding his lecture, Dua highlighted the paradigm shift introduced by the recognition of this layer, which not only enhances anatomical understanding but also informs clinical decisions across anterior segment disorders. His message was clear: deeper anatomical insight leads to better diagnosis and more effective surgical planning which was aptly summarized by his closing remark, "The eye cannot see what the mind doesn't know."

**Christopher Liu gave Abdul Jalil Daula Award Lecture "Osteo-odonto-keratoprosthesis(OOKP)".** In his lecture, Liu provided a detailed account of the osteo-odonto-keratoprosthesis (OOKP) procedure, a complex and highly specialized surgical technique designed for visual rehabilitation in patients with bilateral end-stage corneal blindness and severe ocular surface disease where conventional keratoplasty is not an option. He traced the historical development of OOKP from its inception by Benedetto Strampelli to its refinement by Giancarlo Falcinelli, and his own role in leading the UK National OOKP Service.<sup>7</sup> Liu described the principles to use patient's own canine tooth and surrounding alveolar bone to anchor a polymethylmethacrylate (PMMA) optical cylinder. This is a unique procedure with high biological compatibility.

The success of the procedure requires careful patient selection, which includes confirming adequate visual potential through tests such as light perception, projection, electroretinography, and visual evoked

potentials, as well as psychological assessment to ensure resilience and motivation. The surgical process is divided into two stages. The first stage involves the extraction and preparation of the tooth-bone complex, grafting buccal mucosa to the ocular surface, and embedding the optical cylinder. After 3–4 months, the second stage includes removal of the cornea, iris, lens, and vitreous, and implantation of the lamina, with careful alignment of the optical cylinder with the fovea. The layered biological interface comprising of PMMA, dentine, bone, and mucosal graft-supports stable integration and long-term retention. While OOKP offers remarkable visual improvement, patients usually experience limited visual fields and glare. Complications such as glaucoma and vitreoretinal issues are common, requiring close follow up. Measuring intraocular pressure is a challenge and is often assessed by digital palpation. The medications usually involve systemic therapy or surgical intervention. The psychological impact of the procedure is also important as patients must adjust to the challenges of regained vision and lifelong follow-up.

Liu presented long-term outcome data showing that OOKP autografts have excellent anatomical and visual success, with survival rates nearing 90% over two decades. He cautioned that allograft alternatives had poor outcomes and have largely been abandoned. Further improvement in the procedure has come using a titanium analog to reduce morbidity associated with oral donor sites and the use of alendronate to prevent bone resorption. Enhanced imaging and endoscopic techniques have also refined intraoperative visualization and management. Liu concluded by affirming that OOKP remains a life-changing option for select patients and requires a dedicated, multidisciplinary approach to ensure successful outcomes.

Finally, Hugh Taylor's **Lateef Chaudhary Award Lecture titled "Blindness in South Asia including Pakistan,** "provided a sweeping overview of the progress and challenges in addressing blindness in South Asia, with a focus on Pakistan. His early work in the country in the 1980s was a challenge due to severe shortage of eye care services, with very few ophthalmologists and no allied personnel. There were high rates of blindness due to cataract and trachoma. He made comprehensive public health recommendations aimed at building infrastructure, training personnel, and improving access to eye care.

He worked for Afghan refugees too. This reinforced the importance of population-based strategies over individual treatment.

Compared with the early 1980s, Pakistan has made progress over the past four decades. Training institutes have been established, regional collaborations have been done with successful partnerships with organizations like the Fred Hollows Foundation. Currently, there is high cataract surgical coverage and significant surgical volume. However, there is persistent shortage of trained eye care professionals. Taylor praised Pakistan's success in eliminating trachoma as a public health problem but stressed that further investments are needed, particularly in workforce development and the wider implementation of WHO's people-centered care model. Concluding on an optimistic note, he remarked that while much has been achieved, sustained effort is required to fully meet the country's eye health needs.

## REFERENCES

1. **Malik PTG.** Safeguarding Scientific Legacy — The Imperative of Preserving Scientific Data by Pakistan Journal of Ophthalmology and Ophthalmological Society of Pakistan: Doi: 10.36351/pjo.v41i3.2118. Pak J Ophthalmol [Internet]. 2025 Jul. 1 [cited 2025 Jul. 10];**41(3)**. Available from: <https://pjo.org.pk/index.php/pjo/article/view/2118>
2. **Mazhar Ishaq.** Changing Paradigms in Cataract Surgery to optimize refractive Outcomes (Adapted from Ramzan Ali Syed Award Lecture): Doi: 10.36351/pjo.v41i3.2122. Pak J Ophthalmol [Internet]. 2025 Jul. 1 [cited 2025 Jul. 10];**41(3)**. Available from: <https://pjo.org.pk/index.php/pjo/article/view/2122>
3. **Asad Aslam Khan.** Pakistan's Journey towards the Elimination of Trachoma (Raja Mumtaz Memorial Lecture): Doi: 10.36351/pjo.v41i3.2123. Pak J Ophthalmol [Internet]. 2025 Jul. 1 [cited 2025 Jul. 10];**41(3)**. Available from: <https://pjo.org.pk/index.php/pjo/article/view/2123>
4. **Bharucha KM, Adwe VG, Hegade AM, Deshpande RD, Deshpande MD, Kalyani VKS.** Evaluation of skills transfer in short-term phacoemulsification surgery training program by International Council of Ophthalmology -Ophthalmology Surgical Competency Assessment Rubrics (ICO-OSCAR) and assessment of efficacy of ICO-OSCAR for objective evaluation of skills transfer. Indian J Ophthalmol. 2020 Aug;**68(8)**:1573-1577. Doi: 10.4103/ijo.IJO\_2058\_19. PMID: 32709779; PMCID: PMC7640864.
5. **Dua HS, Said DG.** Clinical evidence of the pre-Descemet's layer (Dua's layer) in corneal pathology. Eye (Lond). 2016 Aug;**30(8)**:1144-5. Doi: 10.1038/eye.2016.62. Epub 2016 Apr 8. PMID: 27055671; PMCID: PMC4985675.
6. **Dua HS, Katamish T, Said DG, Faraj LA.** Differentiating type 1 from type 2 big bubbles in deep anterior lamellar keratoplasty. Clin Ophthalmol. 2015 Jun **26**;**9**:1155-7. doi: 10.2147/OPHTH.S81089. PMID: 26170607; PMCID: PMC4492649.
7. **Tandias R, Saricay LY, Dohlman TH.** Innovation in Keratoprostheses: A Review of Modern Devices and Strategies for Preventing and Managing Complications. International Ophthalmology Clinics. 2025 Jul **1**;**65(3)**:26-34.

