1.5% Acanthamoeba spp. There were significant differences in the microbiological profiles and in vitro drug susceptibilities between West and East Kent regions. The most common organisms were Pseudomonas spp (46%) in West Kent and Staphylococcus spp (32%) in East Kent. There was decreased sensitivity of fluoroquinolones to pseudomonas spp over the time period.

Conclusion Microbial keratitis in Kent shares some similarities to other regions within the UK. There are some regional differences in the frequency of organisms. Antimicrobial resistance to fluoroquinolones was observed so therapy selection for empirical treatment should be based on local isolate analysis.

P-14 COST EFFECTIVENESS OF THE MANAGEMENT OF OCULAR SURFACE DISEASE INVOLVING INFLAMMATION AND PERSISTENT EPITHELIAL DEFECTS UTILISING VARIOUS TREATMENT MODALITIES IN NHS

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Objective To report the outcomes and cost effectiveness of patients who have undergone conventional treatment for ocular surface inflammation with or without persistent epithelial defects.

Methods In a retrospective audit across two UK NHS centres; Queen Victoria Hospital Foundation Trust, East Grinstead, and Maidstone and Tunbridge Wells Trust, Kent, 30 eyes of 30 patients (17 male, 13 female) were treated with conventional measures (lubricants (30), topical antibiotics (30), topical steroids (30), systemic immunosuppression (9), plasma drops (8), bandage contact lens (22), tarsorrhaphy (25) and surgical management (2)). The audits main outcome was resolution of the epithelial defect, number of clinic appointments till final outcome, number and cost of concomitant treatment.

Results A total of 30 patients presenting between Oct 2017 - May 2022 with ocular surface disease were randomly selected across the two NHS trusts. Eleven patients of limbal stem cell deficiency including 6 patients with chemical injury, 6 patients microbial keratitis and 6 patients neurotrophic corneal disorders and 8 post keratoplasty patients were included in the study. The number of days between first presentation and final outcome was 176±188 (range 15-959). The mean number of outpatient appointments between first presentation and final outcome were 10±4 (range 4-21). The mean combined cost of prescribed medications/visit was £198±186 (range 34-681). The cost per patient (excluding the clinic appointment costs to NHS) from first presentation to final appointment assuming medications were prescribed at each visit was £2551±1708 (range 725-6597).

Conclusion Management of ocular surface disease involving ocular surface inflammation with or without persistent epithelial defects carries a significant cost burden to health services. Timely interventions in suitable patients could save significant patient visits and costs of concomitant treatment.

P-15 EFFICACY AND SAFETY OF INTRAVENOUS IMMUNOGLOBULIN TREATMENT OF OCULAR STEVEN-JOHNSON SYNDROME/TOXIC EPIDERMAL NECROLYSIS IN YOUNG PATIENTS

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Background There is minimal evidence regarding treatment with intravenous immunoglobulins (IVIG) and its effects on ocular outcomes in Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN).

Aim To evaluate the efficacy and safety of IVIG in the treatment of ocular SJS/TEN.

Methods A retrospective case series at University Hospital Southampton between 2016-2024. Inclusion criteria, systemic and ocular symptoms of SJS/TEN, skin biopsy, treatment with IVIG, systemic and intensive topical steroid treatment.

Ocular findings at presentation and at six months post-treatment were investigated. The acute ocular severity was graded using the Gregory grading score, while the chronic ocular complications the Sotozono system.

Results Five patients included, four between 5-6, one 23 years old. The mean time to initiate IVIG from the onset of symptoms was 3 days (range 1-5). Four received 2 g/kg and one 1 g/kg, in two divided doses over 2 days. All survived, and no serious side effects were observed. Three patients presented with very severe ocular findings, including lid involvement, hyperaemia, symblepharon, and epithelial defects. One patient exhibited severe lid involvement, hyperaemia, and epithelial defect. Another experienced mild acute ocular involvement. Three patients underwent amniotic membrane grafting. One patient with high SCORTEN and 95% BSA detached skin, developed chronic ocular complications of hyperaemia, corneal dryness/conjunctivalisation, symblepharon, bulbar keratinisation. Two patients experienced mild corneal dryness, while all four other showed resolution of inflammatory changes, and no complications.

Conclusion This case series provides evidence for the ocular management of patients with SJS/TEN and supports treatment with a combination of systemic and intensive topical steroids, amniotic membrane, and intravenous immunoglobulins.

P-16 SECONDARY GLAUCOMA TREATMENT AND GRAFT FAILURE IN PENETRATING KERATOPLASTY FOR ADVANCED ACANTHAMOEBA KERATITIS: 5 YEARS FOLLOW-UP

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Background There is limited evidence regarding treatment options for secondary glaucoma after penetrating keratoplasty (PK) in the management of Acanthamoeba keratitis (AK).

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