rehabilitation for severe ocular surface disease is crucial.

Keywords: *Ocular surface squamous neoplasia, Human immunodeficiency virus.*

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Three-Month Postoperative Visual Outcomes of Cataract Patients at Eye Foundation Community Hospital, Ogun State

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Background: Cataract remains the principal cause of blindness globally[1]. The Nigerian National Blindness survey identified cataracts as the commonest cause of severe visual impairment (SVI) and blindness.[2] World Health Organization (WHO) recommends that the postoperative visual outcome of cataract surgery cases should be 6/18 or better in at least 80% of the cases and best corrected (or pinhole) should be 90% or more.[3] Many population-based studies done in developing countries in the 1990s showed that postoperative visual acuity (VA) was worse than 6/18 in 40-75% of patients.[4-7] More recently hospital-based postoperative VA is in the region of 60-70% of patients with 6/18 or better.[8-9] We aimed to determine the visual outcome of cataract surgeries postoperatively on the first day, one and three months.

Methods: All patients 18 years and above operated on for cataract surgery without comorbidity were included in the study. This retrospective case series was carried out over a 3-month period from June 1st, 2019 to August 31st, 2019. Types of surgery done were manual small incision cataract surgery (MSICS) and phacoemulsification. Visual outcome was assessed on the first day, first month, and the third-month post operatively. Snellen's visual acuity was converted to log MAR. P value < 0.05 is determined as statistically significant.

Results: Two hundred and fifty patients were included in this study. The mean age of patients who had surgery was 66.9 years ± 10.6 years. Two hundred and ten patients (84%) had Manual Small incision Cataract surgery (SICS), and 30 (12%) had modern phacoemulsification of cataracts. Table 1& Figure1 show comparison between pre- and post-operative VA.

Discussion: The mean age of patients who had surgery in our study was 66.9 years ± 10.6 years. This is comparative with the mean of 66.4 years reported by Bulus *et al*.[10]

Our study reported lower preoperative VA compared to the study by Sumathi *et al*[11], who reported preoperative VA <6/60 accounted for 72.9% while higher than 50.7% reported by Udoh *et al*.[12] Most studies show that in developing countries, the majority of patients present to the hospital with blindness in at least one eye.[12,13]

At 4 weeks postop, 93.2% of patients had best corrected (with pinhole) visual acuity of 6/18 or better. (p= 0.192 respectively). These are comparative albeit lower than 98.1% and 94.5% reported by Chethana *et al*[13] and Udoh *et al* respectively.[12] While at 3 months, 92.4% had best corrected (with pinhole) visual acuity of 6/18 or better. (p= 0.038 respectively).

Conclusion: In this study, there was an appreciable improvement in the visual outcome following cataract surgery in line with WHO recommendations. It is important to audit cataract surgical outcome and train young

Table 1: Comparison between preoperative and postoperative visual acuity

	Preoperative visual acuity	Postoperative visual acuity					
		Day 1		1 month		3 months	
		UCVA p=0.164	BCVA p=0.039	UCVA p=0.053	BCVA p=0.192	UCVA p=0.004	BCVA p=0.038
6/18 and better	19 (7.6%)	219(87.6%)	228(91.2%)	220(88.0%)	233(93.2%)	214(85.6%)	231(92.4%)
<6/18 – 6/60	76 (30.4%)	21(8.4%)	12 (4.8%)	23 (9.2%)	10 (4%)	29 (11.6%)	12 (4.8%)
<6/60 – 3/60	5 (2%)	-	-	-	-	-	-
Less than 3/60	150 (60%)	10 (4%)	10 (4%)	7 (2.8%)	7 (2.8%)	7 (2.8%)	7 (2.8%)

UCVA= Uncorrected visual acuity; BCVA= Best corrected visual acuity

Preoperatively, the majority (150, 60%) presented with visual acuity less than 3/60. At 4 weeks post-operatively, 233 patients (93.2%) had best corrected (with pinhole) visual acuity of 6/18 or better. (p= 0.192 respectively) while at the 3-month post-op visit, 231 patients (92.4%) had best corrected (with pinhole) visual acuity of 6/18 or better. (p=0.038 respectively).

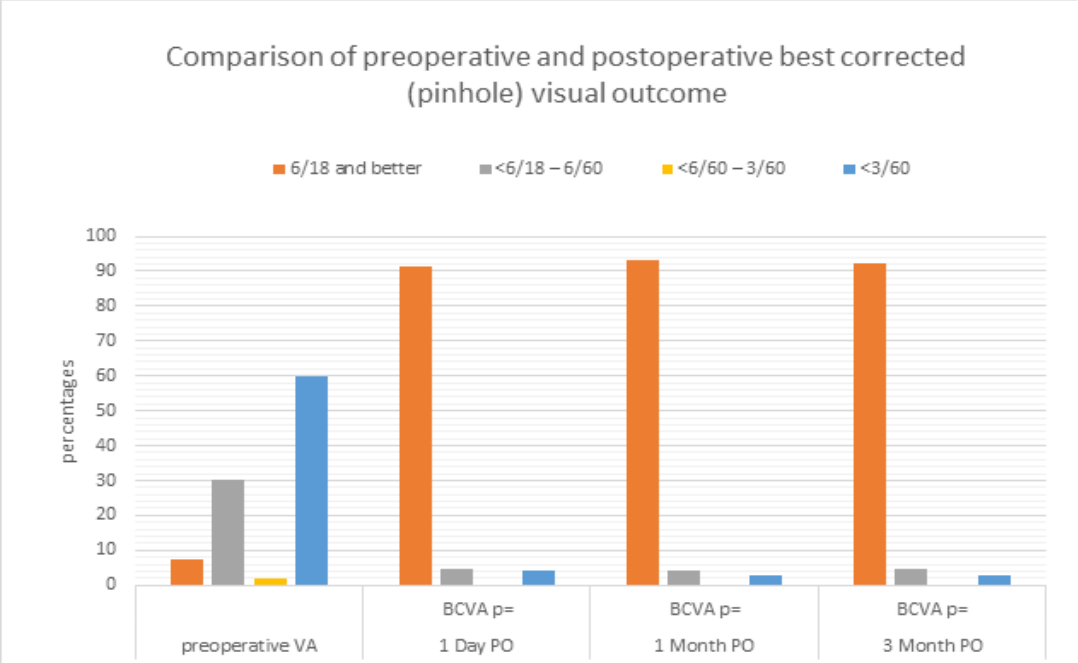

Figure 1: *Comparison of preoperative and postoperative best corrected (pinhole) visual acuity*

ophthalmologists on performing cataract surgeries with excellent visual outcome according to WHO recommendations.

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Clinical and Demographic Review of Corneal Ulcers in University of Ilorin Teaching Hospital, 2017-2021

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Background: Corneal ulceration is a generic term denoting a full thickness breach in the corneal epithelium from various causes. It can occur from various causes including trauma, infection, chemical irritation, contact lens usage or from endogenous causes in association with a systemic illness.[1–3] Corneal ulceration is one of the major causes of avoidable blindness and visual impairment globally.[3–6]This study analysed clinical and demographic data of corneal ulcers at the Department of Ophthalmology, University of Ilorin Teaching Hospital, Nigeria, 2017-2021 in order to aid designs and execution of strategies for improved prevention and care.
Methods: A retrospective survey of all cases of corneal ulcer was done, demographic data on age, sex, marital status and occupation were retrieved from the records. Information on visual acuity at presentation, risk factors, diagnosis, management challenges and treatment outcome were collated. These data were analysed using the Statistical Package for Social Sciences (SPSS) version 20.
Results: A total of 92 cases were reviewed, consisting of 66 males (71.7%) and 26 females (29.3%), majority (76.1%) were married. The age