



# EUROPEAN BOARD OF OPHTHALMOLOGY EBO ACCREDITED COURSE

## APPLICATION FORM ACCREDITED COURSES

[www.ebo-online.org/ebod.html](http://www.ebo-online.org/ebod.html)

**COMPLETE THE ACCREDITATION FORM ELECTRONICALLY**

**Course Director** \_\_\_\_\_

- 1. Name:** Martin Filipec
- 2. Address:** Očni klinika Lexum, U spolecenske zahrady 3, 140 00 Praha 4, Czech Republic
- 3. E-mail:** filipec@lexum.cz

**Supportive society** \_\_\_\_\_

- 4. Title:** International Ocular Inflammation Society

**General information** \_\_\_\_\_

- 5. Course Title:** Acanthamoeba keratitis - epidemiology, etiopathogenesis, diagnostic and treatment

- 6. Duration:**  1-hour course (2-3 speakers)  2-hours course (4- 6 speakers)  3-hours course (6-8 speakers)  
 4-hours course (8-10 speakers)

- 3. Format:**  Formal lectures and case presentations  Commented diaporama  Videobased course  
 On-line course

**Faculty** \_\_\_\_\_

	<u>Name</u>	<u>E-mail</u>	<u>Address</u>
1.	Martin Filipec	filipec@lexum.cz	Očni klinika Lexum, U spolecenske zahrady 3, 140 00 Praha 4, Czech Republic
2.	Harminder Dua	harminder.dua@nottingham.ac.uk	Division of Ophthalmology and Visual Sciences
3.	Antoine Labbé	antoinelabbe@hotmail.com	Centre Hospitalier National d'Ophthalmologie des Quinze-Vingts
4.	Regina Klemensová	klemensova@lexum.cz	Očni klinika Lexum, U spolecenske zahrady 3, 140 00 Praha 4, Czech Republic
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## Course synopsis (max. 10 lines)

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Acanthamoeba keratitis (AK) is serious corneal infection associated in 85% of cases with contact lens wearing. Acanthamoeba life cycle, forms, epidemiology and etiopathogenesis, underscoring the role of contact lens wearing and basic research in these areas are presented. History, clinical symptoms - photophobia, pain, tearing, and signs - epithelial irregularity, dendritic defects, radial keratoneuritis and in late stage ring-shaped stromal infiltrates, satellite lesions and hypopyon are characteristic for AK. In differential diagnosis mainly herpetic and mycotic keratitis should be considered. Investigations to establish diagnosis of AK are: corneal scraping or biopsy, staining with trichrome, calcofluor white, Gram or Giemsa, culture of scraped material and contact lens and solution on a non-nutrient agar with Escherichia Coli. Confocal microscopy can detect Acanthamoeba in vivo.

## Aim(s) of the course (max. 10 lines)

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The aim of this course is first to give to the participants the information on Acanthamoeba keratitis etiology and epidemiology. Basic research and advances in clinical research in the field of contact lenses and contact lens solutions and their role in etiopathogenesis of the disease is discussed. Second aim is to give the knowledge of the main clinical features of AK and will specifically be focus on very common mistake of AK being erroneously diagnosed and treated as herpetic dendritic and keratitis. The aim is to make participants to understand what are the key features to make correct diagnosis from the history and clinical examination and what are logical next steps to confirm diagnosis by laboratory tests, what is the role of confocal microscopy, what is the most appropriate therapy for AK and how the therapy can be modulated or changed in the course of the treatment.

## Achievements (what will the participant achieve in knowledge)

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Participant will be able: 1. to understand etiopathogenesis of AK, 2. to discuss the best options and choices of contact lenses and contact lens solutions, 3. to make clinical diagnosis of AK and to differentiate AK from other infectious keratitis, mainly from herpetic keratitis, 4. to indicate correct laboratory investigations to confirm the diagnosis of AK, 5. to appreciate the role of confocal microscopy in the diagnosis and treatment of AK, 6. to introduce correct medical treatment of AK and understand the potential and indications for surgical treatment in AK

## Course outline (please specify or add a flyer)

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	<u>Topic</u>	<u>Time (min)</u>
1.	Etiology and Epidemiology of Acanthamoeba keratitis	15
2.	Contact lenses and contact lens solutions in Acanthamoeba keratitis	15
3.	Clinical picture of Acanthamoeba keratitis	15
4.	Laboratory investigations	15
5.	Confocal microscopy in Acanthamoeba keratitis	15
6.	Treatment of Acanthamoeba keratitis	15
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<b>Faculty speakers:</b>	one-hour course:	2-3 (max)
	two-hours course:	4-6 (max)
	three-hours course:	6-8 (max)
	four-hours course:	8-10 (max)

- The course director will be in charge of all correspondence with the faculty.
- The course director will send the MCQs (MCQ form attached)

## Address where the Application Form should be sent

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