

### CM07 Effectiveness of bare sclera technique versus conjunctival autograft transplantation for pterygium treatment

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**KEYWORDS:** conjunctiva\*/transplantation; pterygium\*/surgery; treatment outcome

**INTRODUCTION/OBJECTIVES:** Pterygium is a common ocular surface disease encountered in everyday ophthalmology practice. It represents an abnormal fibrovascular growth of conjunctiva that can affect the cornea and cause a significant visual impairment such as irregular astigmatism and blurred vision. In case of disease progression, surgical treatment is required. Due to the high recurrence rate, various surgical techniques are used with different success rates. The aim of this study is to compare effectiveness of bare sclera technique and conjunctival autograft transplantation for pterygium treatment. **MATERIALS AND METHODS:** Medical records of 53 patients with primary and recurrent pterygia were analysed retrospectively. This study included patients that underwent pterygium surgery between September 2021 and April 2022 in Varaždin General Hospital using bare sclera technique (n= 24) and conjunctival autograft transplantation (n=29). Recurrence rates at the follow-up examination 6 months after surgery were compared using chi-square test.

**RESULTS:** The mean±SD age of the patients was 63.66±10.56. The recurrence rate of pterygium 6 months after surgery with bare sclera technique was 37.5% (n=9), while the recurrence rate in conjunctival autograft transplantation was 10.34% (n=3). A statistically significant difference in recurrence rates between groups was found (chi-square: 5.529, p=0.02).

**CONCLUSION:** Pterygium treatment using conjunctival autografting results in a lower rate of pterygium recurrence compared to the bare sclera technique 6 months after surgery. Due to a high recurrence rate, bare sclera technique should be avoided when possible.


### CM08 Higher occurrence of chronic kidney disease in JAK2 V617F mutated MPN patients with higher mutant allele burden

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**KEYWORDS:** Chronic renal insufficiency; JAK-2 Protein Tyrosine Kinase; Myeloproliferative Disorders

**INTRODUCTION/OBJECTIVES:** Patients with chronic myeloproliferative neoplasms (MPN) often have a chronic kidney disease (CKD) at the time of diagnosis. Two diseases may be causally related as pathohistological studies suggest existence of MPN-related glomerulopathy.

The aim of this study was to examine the correlation between renal function and JAK2-mutation allele burden in MPN patients.

**MATERIALS AND METHODS:** In this retrospective analysis, MPN patients with quantification of JAK2-mutation allele burden, treated in University Hospital Dubrava from January 2006 till December 2022 were included. Quantification of the JAK2-mutant allele burden was performed using 7300 RealTime PCR System. Clinical and laboratory data were analysed at the time of the diagnosis and after six months. Creatinine clearance rate was estimated using CKD-EPI formula.

**RESULTS:** 230 MPN patients were enrolled: 98 polycythaemia vera, 94 essential thrombocythemia, 20 primary myelofibrosis, 18 MPN not classified. Median age was 67 years, 50.2% of patients were female. At the time of the diagnosis 24.9% of patients had CKD. MPN patients with higher mutant allele burden stratified at median value (>26.3%) had higher occurrence of CKD at baseline (32.6% vs 16.7%, P=0.012). Also, dynamics of kidney function significantly differed regarding baseline allele burden with mean 2% worsening and 7% improvement in serum creatinine levels in patients with higher vs lower baseline mutant allele burden, respectively, P=0.032.

**CONCLUSION:** JAK2 V617F mutated MPN patients with higher mutant allele burden may have higher occurrence of CKD and unfavorable dynamics of kidney function over time.