

## IEOC/an-vision, Inc. SYMPOSIUM 2024 GUIDELINES: CASE REPORT PREPARATION, SUBMISSION, AND PRESENTATION

- 1. CASE REPORT FORMAT:** Case reports should be submitted online via the IEOC Call for Papers Submission Form as a PC Friendly Word document with images embedded into the Word document.

The Word document should take the following format (see sample on the next page):

Author and address

Topic area (e.g. cornea)

Case summary (20-200 words)

Keywords (5 or less)

3-4 discussion points

Images:

2-3 photos, any common format, file size of 500KB - 1MB per photo.

The case example on the next page is in a pdf format to enable easy circulation by email but cases should not be submitted in this format. (Review example on following page.)

By submitting this case report you agree that:

- You own the copyright to any images, or have a signed release of copyright from the owner of the images.
- If the case report is selected for use, the IEOC may publish the article in the conference proceedings and/or on the internet, and use any image in any other publications (print or online) or marketing material (print or online).

- 2. CASE REPORT SUBMISSION:** Completed case reports in the submission form must be received by February 29, 2024. Late submissions may not be accepted. The following items must be received:
  - Fill out and submit the Call for Papers Online Submission Form. Submission form with abstract uploaded in the correct format **MUST** be received.
  - **Mailed hard copies and emailed copies are not accepted.**
  - Call for Papers Submission Forms **MUST** include presenting author's name, mailing address, telephone, email, alternate email (if applicable), presenting preference (podium vs. poster), and title of the case report. Forms not containing this data may be refused.
- 3. ABSTRACT ACCEPTANCE/SCHEDULING:** The presenting author will be notified of acceptance of the abstract by email by approximately April 15, 2024.
- 4. ORAL PRESENTATION GUIDELINES:** Paper presentations are scheduled for a **TOTAL of 15 minutes**, including any time you wish to include questions from the audience. **This timing will be strictly enforced** by session moderator. When preparing PowerPoint presentation, use simple, large type for text and graphs (all presentations must be in PowerPoint). Avoid the use of blue-green and magenta-violet, which may appear gray to your color-blind colleagues. Type in yellow, orange, and red can also be difficult to see on white backgrounds. Keep a consistent background color for all your slides. **Speakers should prepare their presentations using PowerPoint ONLY in a PC friendly format.** No other visual format will be available.

- 5. POSTER PRESENTATION GUIDELINES:** Poster presentations may be displayed Friday, and/or Saturday. Assignments will be made by the Planning Committee. Authors of posters will be required to place their posters before breakfast on their assigned day and be by their posterboard at a selected time to be announced. Posterboard dimensions for image area are no larger than 1.1 meters (3'8") H x 1.7 meters (5'6") W\*.

Poster materials may not extend beyond the image area. Posters that take more space than what is described in this document will not be allowed to hang their posters at the meeting.



## SUBMISSION EXAMPLE

Author and address:

Gilger, B; Fogle, C

North Carolina State University, Raleigh, NC 27613

Topic area:

Adnexa

Case Summary (20-200 words):

Follow-up from a case presented at IEOC in 2011. A 10-year-old Oldenburg mare was originally presented to the NCSU Ophthalmology Service for a recurrent sarcoid of the upper, medial, and lower eyelids of the right eye. Brachytherapy was performed with iridium. The horse was represented 2 months later for severe painful blepharitis. Over the next 2-3 months, the medial canthus became necrotic. Re-biopsy of the tissue did not indicate regrowth of tumor. Over the next year, the medial canthus skin sloughed. Slowly, the tissue has granulated in and the eye has remained functional. The horse remained visual, but the desiccation of the cornea resulted in progressive keratitis. Three years after the brachytherapy, reconstruction of the medial canthus was performed with skin grafts to reduce the corneal exposure.

Key Words (5 or less):

Sarcoid, brachytherapy, complication, reconstruction, skin grafts

3-4 discussion points:

Blepharoplasty procedures in horses?

Complications of brachytherapy

Should skin grafts be considered more frequently?

2-3 photos, any common format, file size 500kb -2MB per photo



Figure 1. Initial presentation prior to brachytherapy