

DOCTOR OF THE YEAR - 2026

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HEALTHCARE

DR MALLIKA GOYAL

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si DOCTOR OF THE YEAR **2026**
OPHTHALMOLOGIST

*Through this Award, we acknowledge and applaud the healthcare professional's
myriad care & treatment services, and their ingenuity in leveraging
best practices to develop unique methodologies
that address complex healthcare needs.*

Mandvi Singh

MANDVI SINGH
Managing Editor

DR MALLIKA GOYAL

Pushing the Frontiers of Retinal Care with Innovation & Clinical Excellence



Dr Mallika Goyal
Ophthalmologist

Ophthalmology is witnessing a decisive shift from treating vision loss to identifying and managing disease before that loss becomes irreversible. Nowhere is this more critical than in retinal care, where conditions can progress silently and the window for preserving sight can be narrow. Advanced imaging, microsurgery and targeted therapies have significantly improved what specialists can achieve, but their impact ultimately depends on early intervention, clinical judgment and the ability to translate technology into better patient outcomes.

For Dr Mallika Goyal, a distinguished vitreoretinal surgeon and uveitis specialist, that principle has shaped nearly three decades of practice. Associated with Apollo Hospitals, she has built a career spanning complex retinal surgery, medical retina, inflammatory and infectious eye diseases, clinical innovation and professional leadership. More significantly, she has demonstrated how a high-volume private clinical practice can generate credible observations, introduce new treatment approaches and contribute significantly to the larger ophthalmic community.

Choosing One of Ophthalmology's Toughest Frontiers

Dr Mallika Goyal's professional foundation was laid at the All India Institute of Medical Sciences (AIIMS), New Delhi. Beyond clinical training, AIIMS introduced her to a culture where meticulous patient evaluation, rigorous academics and accountability for every clinical decision were non-negotiable. It was here that Professor Atul Kumar and Professor Lalit Verma inspired her to pursue retina. The choice was far from easy. Retinal surgery is

technically demanding; procedures can extend for several hours, diagnosis requires considerable expertise, and outcomes in complex cases are not always predictable.

Further exposure at LV Prasad Eye Institute strengthened this foundation before she joined Apollo Hospitals nearly 27 years ago. Over time, her practice expanded to retinal detachments, macular holes, epiretinal membranes, diabetic retinopathy, uveitis, ocular infections and HIV-associated retinal diseases.

Yet what differentiates Dr Mallika Goyal is her refusal to see clinical practice as separate from academic contribution. By consistently documenting cases and presenting outcomes at national and international forums, she has used everyday clinical practice to question established approaches and contribute new perspectives to retinal treatment.

Turning Clinical Experience into New Possibilities

Some of Dr Mallika Goyal's notable contributions have emerged from difficult cases where conventional approaches offered limited possibilities. Around 25 years ago, she first introduced serial intravitreal ganciclovir injections for patients with HIV-associated CMV retinitis, adapting emerging international evidence to provide treatment in an outpatient setting. She was associated with AP State AIDS Control Society & NACO (National AIDS Control Organisation) to treat patients with retinal manifestations of AIDS.

She has also explored & reliably demonstrated the use of Fibrin Glue for highly complex retinal detachments, particularly in situations where saving the eye itself posed a significant challenge. She has most recently promoted

the concept of platelet rich plasma (PRP) as a useful adjunct in surgery for macular holes by means of several international and national presentations of the surgery.

Her work has further examined ways of reducing the burden of repeated intravitreal injections. In selected patients, she has studied the use of oral acetazolamide &/ or topical dorzolamide to increase treatment intervals and potentially reduce injection frequency—an approach aimed not simply at controlling disease but at lowering cost, risk and inconvenience for patients & has several patients completely or partially off anti-VEGF therapy.

Similarly, through documented case series, she has demonstrated the effectiveness of anti-VEGF injections in managing hard exudates associated with diabetic maculopathy, challenging the perception that steroid therapy, which has considerably more adverse effects than anti-VEGF, should dominate such treatment.

During the COVID-19 pandemic, Dr Mallika Goyal and her team documented multiple retinal manifestations associated with the infection, elaborated on their varied pathogenesis and published the first large case series of COVID related retinal manifestations; also published the first case of COVID vaccine related retinal manifestation, a young patient with bilateral choroiditis following vaccination.

About 17 years back she presented internationally for the first time a large case series of eyes with AMD & PCV that were relatively non-responsive to conventional anti-VEGF therapy that could respond well to Photodynamic Therapy (PDT) and this has more recently become a well accepted practice.

At about the same time she demonstrated internationally and nationally the role of anti tubercular therapy in a large number of uveitis cases that were non-responsive or recurrent on routine steroid, immunosuppressive & antibiotic therapy and highlighted that this happened irrespective of test results for tuberculosis.

For her, these contributions underline a larger point: meaningful clinical innovation does not have to originate exclusively within traditional academic institutions.

Seeing Disease Before Patients See the Problem

Technology has fundamentally altered Dr Mallika Goyal's ability to detect and treat retinal disease. Her practice incorporates wide-angle retinal imaging, OCT, OCT angiography, fluorescein angiography and ICG angiography, while modern high-speed vitrectomy systems and fine-gauge instrumentation have made complex surgery

increasingly precise and less invasive. But she believes the greater challenge is getting patients examined before symptoms appear.

“Diabetic retinopathy is a striking example. A patient may retain good central vision even while retinal damage progresses significantly. By the time bleeding or retinal detachment causes noticeable vision loss, restoring normal sight may no longer be possible”, shares Dr Mallika Goyal.

Today, Dr Mallika Goyal's advice therefore extends beyond diabetics. People with hypertension, high cholesterol and high myopia, along with older adults, need periodic comprehensive retinal examinations. She also advocates protective eyewear during sports and hazardous activities and greater awareness of the ocular damage associated with smoking and tobacco.

“Early treatment is important for a good visual outcome,” she emphasizes. It can also keep treatment simpler and more affordable.

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Building a Safer Future for Retina Care

Having held leadership positions across ophthalmological associations and contributed to professional platforms including the American Society of Retina Specialists, Dr Mallika Goyal now sees the next frontier in stronger surgical training and patient safety. She envisions wider use of wet labs, surgical simulators and technology-enabled training environments where aspiring retina surgeons can develop skills extensively before operating independently on patients.

Ultimately, however, her roadmap is guided by something more fundamental than technology. She wants retinal practice to remain ethical, conscientious and uncompromisingly patient-first—where every advancement is measured by whether it reduces risk, discomfort and treatment burden while improving outcomes. That is also the legacy Dr Mallika Goyal hopes to leave: clinical excellence strengthened by innovation, but always anchored in responsibility to the patient. **SI**