

Editorial: Retinal macroaneurysms

One of the tasks an Editor has to perform is to try to transform himself into somebody else, at least not just one other body but the whole collective consciousness of his readers, or to express it simply to put himself in their place. What do the readers like? What do they appreciate? What do they regard as new and exciting or old and boring?

Unfortunately a scientific journal quite often has to print material that is boring to some readers, but it must be remembered that all readers are not the same: long and involved descriptions of electro-diagnostic apparatus or immense charts of the exact details of the procedures carried out, the angles or prism degrees before and after together with interesting data such as the age of onset, degree of binocularity, and left or right handedness in 114 cases of squint may each have their fans, but you can be sure not everyone will find them interesting.

But from time to time an article comes in which the Editor feels, having made the transformation previously mentioned, will interest everyone. And what could be a more certain winner in this respect than a brand new cause of vitreous haemorrhage? At this point there are readers excitedly crying, 'But he's wrong, it's not new—all retinal experts know macroaneurysms cause vitreous haemorrhage.' To which the Editor will reply, 'Maybe they do know, but I

didn't and I would bet that the majority of my readers didn't either.'

Vitreous haemorrhage used to be taught as being due rather vaguely to hypertension or diabetes. However, during the 1950s we gradually became aware of the probable mechanisms involved, particularly of the role of neovascularisation in response to retinal ischaemia. During the same period the likelihood of some vitreous haemorrhages being due to tears in the retina also became recognised. Thus the principal causes of vitreous haemorrhages could be condensed into neovascularisation or direct retinal tearing, and these would cover most cases.

Thus it is exciting to have identified an entirely new cause with a specific mechanism to consider in our differential diagnosis, namely the rupture of a macroaneurysm, as reported this month by M N Abdel-Khalek and J Richardson. But does the aneurysm rupture or is the bleeding due to neovascularisation from associated vascular anomalies, as in diabetes mellitus or venous occlusion? The authors' 'presumed aneurysmal rupture' has a faint air of uncertainty about it and reminds us of the term 'presumed ocular histoplasmosis,' which actually means 'not ocular histoplasmosis.' Perhaps this is the next question which the authors will be able to answer for us.

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