

## Correspondence

### Multiple cotton wool spots following bone marrow transplantation

SIR, B. Gloor *et al.* assert in their very interesting paper<sup>1</sup> that, to the best of their knowledge, 'multifocal ischaemia of retina with multiple cotton-wool spots has not yet been reported as a complication of bone marrow transplantation.'

We would like to point out to the authors that we reported in 1983<sup>2</sup> a similar case with extensive retinal and choroidal ischaemia, histopathologically confirmed, diagnosed eight months after a bone marrow graft. In this patient a thrombotic microangiopathy (Moschowitz disease) was found shortly afterwards. Then two more cases were observed (not yet published), both with retinal and choroidal ischaemia. One of them certainly had a thrombotic microangiopathy.

None of these three patients received cyclosporin A. Therefore it seems that this drug is not implicated. We think in such cases we may be in presence of ocular manifestations of thrombotic microangiopathy. This may be induced by various and combined factors: skull and/or total body irradiation, immunological disorders in relation to the graft, graft-versus-host disease, chemotherapy.

We note that choroidal involvement was found in the three cases to be associated with retinal disease. In these three cases visual impairment was the inaugural symptom, though the patients seemed to be in good health. As regards our patients the time between graft and visual symptoms is longer than in the patients of Gloor *et al.* Our three patients died shortly after eye disease developed.

In conclusion, we agree with Gloor *et al.* that 'it is clearly desirable that all patients submitted to bone marrow transplantation should be examined by an ophthalmologist.'  
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#### References

- 1 Gloor B, Gratwohl A, Hahn H, *et al.* Multiple cotton wool spots following bone marrow transplantation for treatment of acute lymphatic leukaemia. *Br J Ophthalmol* 1985; **69**: 320-5.
- 2 Binaghi M, Sterkers M, Vernant JP, Coscas G. Micro-angiopathie thrombotique et ses manifestations oculaires: complication inhabituelle d'une greffe de moëlle osseuse. *J Fr Ophtalmol* 1983; **6**: 881-8.

SIR, We think that it is very important that Dr Binaghi informs us that in their case of extensive retinal and choroidal ischaemia, which appeared eight months after a bone marrow graft, a thrombotic microangiopathy (Moschowitz disease) has been found at necropsy and that this patient and two others, whose data are not published, did not receive cyclosporin-A. This is reassuring. What these authors found in the pathological specimen could be the possible explanation of the phenomena observed in the retina also in our cases. Nevertheless it has also to be

remembered that in no patient could any evidence of systemic thrombotic microangiopathy be found and that in all cases of our series at necropsy the vessels of the retina and the kidneys were free of obstructive disease. But this was three months to more than two years after the retinal disease had resolved.

We did not quote Dr Binaghi and co-workers' very informative paper for the following reason: we submitted the paper to the *British Journal of Ophthalmology* on 5 September 1983, before Dr Binaghi and co-workers' article appeared. We apologise that we neglected to quote the work of Binaghi and co-workers when we had to revise our paper. When it comes to priorities, we do not think that this is so important, even if we brought the first case to the attention of the haematologist with a letter to the editor in the *New England Journal of Medicine* 1983; **308**: 1101 (5 May 1983) and at the Washington University Eye Alumni Meeting, St Louis, MO, on 29 April 1983. In complete agreement with Dr Binaghi and co-workers, the main goal is to watch the fundus of the eye of all patients submitted to bone marrow transplantation, to get enough information on a large sample to enable the differentiation between true disease and possible side effects of drugs, e.g., cyclosporin-A.

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### Ia antigen

SIR, I read with some interest the article by Roussel and Coster.<sup>1</sup> I doubt that the human lymphocytes that they describe were positive for Ia antigen, as these antigens are coded for by the I region of the mouse H-2 histocompatibility complex (see, for example, Hobart and McConnell<sup>2</sup>). Perhaps the authors would care to comment and correct their article.

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#### References

- 1 Roussel TJ, Coster DJ. Fuchs's heterochromic cyclitis and posterior capsulotomy. *Br J Ophthalmol* 1985; **69**: 449-51.
- 2 Hobart MJ, McConnell I. *The immune system*. Oxford: Blackwell. 1975:232.

SIR, Although the terms Ia antigen (simply an abbreviation for immune-associated antigen) was first used to describe a system of cell-surface glycoproteins in the mouse, it has been and indeed is still widely used in the literature to refer to homologous series of antigens in other species including man.<sup>1-3</sup> The monoclonal antibody FMC 14<sup>4</sup>, used in this study to detect a monomorphic determinant on human Ia (probably HLA-DR) molecules, certainly does not define mouse Ia antigen. However, we take Dr Clauoué's point.

The preferable modern nomenclature is class II MHC (major histocompatibility complex) antigens. It is to these antigens that we refer.

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#### References

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- 2 Schwartz BD, Paul WE, Shevach EM. Guinea pig Ia antigens: functional significance and chemical characterization. *Transplant Rev.* 1976; **30**: 174.
- 3 Bodmer JG. Ia antigens. Definition of the HLA-/DRw specificities. *Br Med Bull* 1978; **34**: 233.
- 4 Beckman IGR, Bradley J, Brooks D and Zola H. Debreation of sciologically distinct monomorphic determinants of human MHC class II antigens: evidence of heterogeneity in their topographical distribution. *Mol Immunol* 1984; **21**: 205.

### *Beauveria bassiana* keratitis

SIR, I read with great interest the article on *Beauveria bassiana* keratitis by S W Sachs, J Baum, and C Mies,<sup>1</sup> particularly because I and my colleagues reported a case of fungal keratitis due to *Beauveria bassiana* previously.<sup>1</sup> I think ours was the first case of *Beauveria bassiana* keratitis, though our paper mainly reported the effects of intravenous miconazole against fungal keratitis.

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- 1 Sachs SW, Baum J, Mies C. *Beauveria bassiana* keratitis. *Br J Ophthalmol* 1985; **69**: 548-50.
- 2 Ishibashi Y, Matsumoto Y, Takei K. The effect of intravenous miconazole on fungal keratitis. *Am J Ophthalmol* 1984; **98**: 433-7.

## Book reviews

**Child Health Care Communications.** Eds. WILLIAM K FRANKENBURG AND SUSAN M THORNTON. Pp. 385. £46.00. Praeger: New York. 1984.

In the forward Dr Robert Haggerty states: 'But it is clear from several studies that many of us—even experienced clinicians have large gaps in our communication skills. We do not listen well, we are often too judgmental, we do not alter our technique to meet different needs of our patients, and we do not do enough positive reinforcement of desired

behaviors. The litany of faults in our communication skills could be very long. As a result, we do not achieve success in helping patients follow advice, and we do not integrate the skills of our disciplines for the patient's benefit.' This book attempts to emphasise aspects of communication between parents, children, and doctors, and of doctors between themselves and other people involved in the care of children. Its aims are thoroughly laudable, and despite its being the result of a colloquium it makes quite good reading. Unfortunately the price is likely to make it out of the reach of most ophthalmologists in the United Kingdom, but, if they could get hold of it, it would be a worthwhile browse for any of us involved in the care of children.

DAVID TAYLOR

**Comparative Neurology of the Optic Tectum.** Edited by HORACIO VANEGAS. Pp. 850. US\$125.00. Plenum: New York. 1984.

This massive volume on the optic tectum presents current information from an assortment of interesting laboratories. Initiated by workers from Brazil and Puerto Rico and catalysed by a research group at the University of Virginia School of Medicine, the book includes chapters by workers mainly in America but also Europe and Russia. The information about the tectum is immense, with chapters on development, neurophysiology, behavioural capacity, anatomy, and neuropharmacology. The book concentrates on the avian, elasmobranch, and reptilian tectum, though there are two extensive chapters on the mammalian superior colliculus.

The mammalian superior colliculus (Huerta and Harting) has been studied by all available investigative techniques. These include anterograde and retrograde transport mechanisms with either light or electron microscopic evaluation. It is interesting that the colliculus, like the geniculate, is a lamellar structure, and receives a retinal input of both Y and W cells, though the input of X cells remains controversial.

This book demonstrates again the great fascination of the visual system for research workers, and though of little practical value to the clinician it is only by keeping abreast of research today that we can improve the aspirations of our patients tomorrow.

M D SANDERS

**MBL Lectures in Biology. Vol. 5. The Visual System.** Eds. ALAN FEIN AND JOSEPH S LEVINE. Pp. 198. £34.00. Alan R Liss: New York. 1985.

This is a "Festschrift" in honour of Edward MacNichol, aged 65, the director of the Marine Biological Laboratory at Woods Hole, who, to judge by the preface, is expected to go on for many more happy and productive years. He himself is one of 25 contributors to a symposium which, in spite of its title, dealt almost exclusively with the retina, especially the photoreceptors. There is new information here, but also traces of déjà-vu, and, though the direct clinical relevance of some of the collected papers is circumscribed, the overall quality of the production of the book makes it highly commendable.

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